



9 April 2005

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Pharmacy gets its own public health plan

MPs recommend tighter medicine promo controls

Generics 'price fixing' case sees first settlement

Helping holiday- makers have a healthy trip





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Contraindications: Non/occasional smokers, children under 12. Recent MI/stroke, severe arrhythmia, unstable/worsening/resting angina. **Hypersensitivity** **Precautions:** Adolescents 12-17 years, cardiovascular disease including uncontrolled hypertension; severe renal/hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, pheochromocytoma, dermatitis. Concomitant medication may need dose adjustment. **Side effects:** Local rash, itching, burning, tingling, numbness, swelling, pain, urticaria, heaviness. Depression, irritability.

new

THIN FLEX

Our thinnest, most flexible patch ever

Quit with NiQuitin



anxiety, nervousness, restlessness, mood lability, drowsiness, impaired concentration, insomnia, sleep disturbance. Allergic reactions, abnormal dreams, nausea, vomiting, dry mouth, GI disturbance, headache, dizziness, palpitations, tachycardia, tremor, dyspnoea, pharyngitis, rash, arthralgia, myalgia, sweating, chest pain, fatigue, malaise, flu-like symptoms.
Pregnancy/lactation: Try without nicotine replacement therapy. Medical assessment of benefit if necessary. **GSL PL:** 00079/0347, 0346, 0345, 0356, 0355 & 0354 **PL holder:**

GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** All strengths 7 patches £17.49, Step 1 only 14 patches £32.95 **Date of last revision:** March 2004

References: 1 GSK Data on file (Physical testing of nicotine patches)

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|-------------------------|----------|---------------|
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| TENA Lady Mini | 277-8215 | 10 x 20 (200) |
| TENA Lady Mini Plus | 280-6859 | 10 x 16 (160) |
| TENA Lady Normal | 259-4448 | 6 x 12 (72) |
| TENA Lady Extra | 259-4455 | 6 x 10 (60) |
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C&D0904



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The pharmacists' role in the "health-promoting NHS" described in last year's *Choosing Health* White Paper was outlined in the pharmaceutical public health strategy for England, launched last week



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Health secretary John Reid, left, launched the pharmacy new contract last Friday, an event that was overshadowed by concerns over the new *Drug Tariff* prices and the news that new oxygen headset purchases will not be fully reimbursed, Westminster pharmacist Prakash Mahtani has said

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CMP

United Business Media



Health strategy plan published

by Asha Fowells

The pharmaceutical public health strategy for England was launched last week, outlining pharmacists' role in the "health-promoting NHS" described in last year's *Choosing Health* White Paper.

In addition to setting out how pharmacists and pharmacy staff can contribute to public health, *Choosing Health through Pharmacy* identifies areas for development over the next 10 years and describes a vision for 2015 where pharmacy is fully engaged with public health. The document also gives guidance for PCTs and strategic health authorities to utilise pharmacy's skills better.

The strategy paper was written by a consortium comprising the RPSGB, PharmacyHealthLink, the Faculty of Public Health and the UK Public Health Association. In the foreword, health minister Rosie Winterton recognises pharmacy's role in promoting health to people who are well, in addition to those who are sick. The strategy would expand this role, and "open up opportunities ... to make a bigger difference to improving the health of people in England," she says.

The paper was launched on April 1 to coincide with implementation of the new pharmacy contract. Commending the DoH for its timing, Neal Patel, NHS liaison manager for the NPA, one of the strategy's stakeholder organisations, said: "It's been a long time coming, but it couldn't have come at a better time."

Colin Baldwin, Company Chemists' Association chief executive, described the move towards the document's vision for 2015 as "hugely challenging for the NHS". But he added: "Community pharmacy is ideally placed to support health improvement and contribute to

the creation of social capital."

Society president Nicholas Wood welcomed the strategy as a "significant milestone" towards pharmacy's desire to meet people's health needs. He said: "It highlights wide acceptance of the important role pharmacy plays in public health, addressing the needs of the public and the aspirations of the profession."

● The National Institute for Health and Clinical Excellence is asking for views on how public health guidance should be produced. The full document is available at www.nice.org.uk/publichealthconsultation and the consultation period ends on June 10.

The strategy

Key features of *Choosing Health through Pharmacy* are:

- To develop pharmacy services to address public health issues such as vaccinations, smoking, substance misuse, obesity, sexual health, child health and long-term conditions.
- To tackle health inequalities by investing in health improvement services in

pharmacies in deprived areas, including, where needed, investment in pharmacy premises.

- To develop closer working with other health professionals.
- To strengthen pharmacist and support staff public health training, enabling more to become public health practitioners and specialists.

MULTIPLES

Asda first with 100-hour openings

Less than 24 hours after the start of the new control of entry regulations, Asda has announced plans to open three 100-hour pharmacies.

Backed by a £5 million pharmacy opening strategy, the supermarket giant has also revealed that it could open up to 48 new pharmacies over the next two years by taking advantage of the regulations' new exempt criterion. Superintendent pharmacist John Evans commented: "Relaxation of the regulations is fantastic news for customers. If this isn't just what the doctor ordered then I don't know what is."

The first three applications are for Asda stores in Eastlands, near Manchester, Leigh in Lancashire and Barnsley, South Yorkshire. Asda plans to open 15 new pharmacies this year.

Over the past eight years the chain applied to open 15 pharmacies but succeeded only twice. "This flies in the face of unequivocal feedback from customers telling Asda that they want a pharmacy more than any other additional service in store," said Mr Evans. Asda now operates 81 dispensing pharmacies.

Asda also announced a £100m price cuts package for all product categories. Asda already sells key healthcare brands at an average 25 per cent less than manufacturers' recommended retail prices. **AC**

CPD update



Look out in next week's issue for the latest in the Dendron/Over The Counter training modules for pharmacy assistants.

The module looks at warts and verrucas and offers pharmacy assistants the opportunity to win a prize for their pharmacy.

DoH promotes APMS contracts

The Department of Health is planning to push Alternative Provider Medical Services (APMS) as a route for commissioning local contractors, in a strategy rumoured to be backed by a £4 million budget.

Guidance for PCTs wishing to use APMS over routes such as GMS, PMS and PCTMS was issued last year.

The DoH is to work with selected 'pathfinder' PCTs to develop outline specifications, which should result in the start of the tendering process in about six months. As part of the process to support the procurement, it is also possible that PCTs will set up a stakeholder board and, probably local SHA- or PCT-led

procurement boards or commissioning consortia to "ensure there is a co-ordinated approach to setting service specifications where there are whole SHA or larger groups of PCTs involved in the procurement," a spokesman said.

Neal Patel, the NPA's NHS development liaison manager, said: "Although we have yet to see the details, we welcome the support that the DoH is planning in order to expedite the contracting process. It will be important that PCTs remain in the driving seat in order to match services to the local needs of patients. It will also be vital that this process allows fair access to funding for all pharmacy contractors." **AC**

CONTRACT

PSNC faces oxygen setback

The Department of Health will not fully reimburse the cost of new headsets currently being purchased to meet the needs of oxygen patients, PSNC has said.

The news came during a meeting last month on claims for compensation over domiciliary oxygen arrangements due to start on October 1.

The DoH said contractors are likely to get compensation for their current headsets based only on a percentage of cost and if any new headsets are required, PCTs should be responsible.

PSNC is recommending that contractors make no further investment in new headsets but ask their PCT to buy them. **AC**

Contract days

PSNC is holding two one-day conferences offering practical guidance on implementing the new contract. The first will be at London Heathrow on April 17, and the second in Bradford on April 24.

For more information on the London day, telephone Marion Pike on 01296 438420, and for Bradford contact Jane Reynard on 01296 438406.

PSNI fees up

The Pharmaceutical Society of Northern Ireland (PSNI) will increase its fees by 45 per cent from June 1, 2005.

Registration fees will go up from £150 to £217 and from £100 to £145. Restoration fees have increased from £57 to £87.

RPSiS election

Eight candidates are standing for election to the Royal Pharmaceutical Society's Scottish Executive.

Christine Bond, Michele Caldwell, David Dalgligh, Christine Gilmour, Josephine Johnston, Rose Marie Parr, David Thomson and Angela Timoney will contest the six vacancies.

All voting papers must be returned by 4pm on May 6.

Welsh advice

Welsh contractors must give local health boards their opening hours and the days and times they are open under the new contract by July 1, Community Pharmacy Wales has said.

The guidance reflects PSNC advice (*C&D*, March 19, p8) and covers pharmacies wishing to open for fewer than 40 hours and LHB options for dealing with unmet needs.



Pharmaceutical Society of Northern Ireland (PSNI) will increase its fees by 45 per cent from June 1, 2005.

Category M fears plague start of new contract

Day one of the new pharmacy contract has been overshadowed by concerns over the new *Drug Tariff* prices and the news that new oxygen headset purchases will not be fully reimbursed, Westminster pharmacist Prakash Mahtani has said.

Health secretary John Reid dropped into Mr Mahtani's pharmacy on Friday to launch the new contract and seemed friendly and well briefed, said Mr Mahtani, who runs Warwick Pharmacy, the local pharmacy to Parliament.

"He said that pharmacy now played a key role in improving patient care, reducing hospital waiting lists and freeing up GPs' time. Chatting to the dispensary and counter assistants, he also seemed to be at least generally aware of the part that pharmacy support staff would play in the new contract."

However, dogged by concerns over reimbursement prices, Mr Mahtani said that instead of these being exciting times, "pharmacists now found themselves in

incredibly worrying times". However, Dr Reid's visit was not an appropriate occasion to raise these concerns, he believes, preferring instead to allow pharmacy to be portrayed in a positive light.

On this more positive note, Mr Mahtani said that he was looking forward to the new contract and providing new services. He added that Dr Reid seemed impressed at the pharmacy's new consultation area, which was recently installed to enable the pharmacy to fulfil all the services outlined by the new contract.

However, so far at Warwick Pharmacy it had been business as normal – apart from the job of dealing with the "horrendous minefield" of paperwork associated with the new contract. Mr Mahtani added that patients, so far, had not noticed any great changes since the new contract came into play.

In a statement, the health secretary said thanks to the new contract, "patients will benefit from better services such as repeat

dispensing and more accessible front-line healthcare services". Cross-party MPs have also welcomed the move.

Dr Howard Stoate, chairman of the All-Party Pharmacy Group, said: "All in all, this is good news for patients, the NHS and pharmacists themselves."

Sue Sharpe, PSNC chief executive said: "The NHS is recognising the important role that pharmacies can play."

Around the regions, PCTs have also welcomed the start of the new contract. Alan Suggs, chief executive of Burntwood, Lichfield and Tamworth PCT, said: "The new contract will enable us to support pharmacists in developing new and innovative services to patients."

Dr Derek Fletcher, local GP and chairman of Bury PCT's Professional Executive Committee (PEC), added: "People will not see things suddenly change overnight, as some services will take a while to introduce, but there are exciting times ahead."

AC

Skills for the Future
The latest in our series
Skills for the Future
Module 19
Psychotic disorders
is included with this issue

gsk **Peel** **PSNC**

Newsdesk
01732 377689

MPs call for curbs on the promotion of medicines

MPs are calling for a restriction on how medicines are promoted after concluding the pharmaceutical industry "has been left to its own devices for too long".

The House of Commons Health Select Committee is also calling for all medicines research to be published, not just the positive outcomes, and that there should be "stricter controls on what non-specialists can prescribe". The Committee wants action to guard against excessive or inappropriate prescribing. "Nurse and pharmacist prescribing will need to be carefully monitored," says the Committee in its report, *The Influence of the Pharmaceutical Industry*, published on Tuesday.

While acknowledging the benefits the pharmaceutical industry brings to healthcare and the economy, the Committee was critical of "lax oversight" and said that "the industry's influence has expanded and a number of practices have developed which act against the public interest".

One concern was the intensity

of marketing activity after a new drug was launched, as the volume of activity may distort prescribing practice. It cited over-prescription of Cox-2 inhibitors, Vioxx and Celebrex, and their links to deaths and the incidence of heart failure.

"Manufacturers are known to have suppressed certain trials for these drugs in the US and may have done the same in the UK," says the report.

The industry is not solely to blame: the Medicines and Healthcare products Regulatory Agency is criticised for failing to scrutinise data adequately, and having inadequate post-marketing surveillance. Education of GPs has also meant "too few non-specialists are able to make objective assessments of the merits of drugs" and there is too little knowledge of adverse effects.

In addition, "the pressure on nurses and pharmacists is likely to intensify as their prescribing powers are further extended," says the report. "Stricter controls are needed in respect of drug company representatives'

promotion of their products to junior doctors and to nurses or pharmacists with new prescribing powers."

The Association of the British Pharmaceutical Industry is concerned about "some fundamental misconceptions in the report". Challenging the Committee's claim that a "prescribing explosion [is] often seen in the months following a product launch", the ABPI says that the UK has among the lowest usage of new medicines across Europe during their first five years on the market.

It also challenged the claim that intensive marketing encourages inappropriate prescribing, saying: "In fact, most doctors receive only a handful of representative visits in a month. The majority say they value the clinical and product information provided."

However, the ABPI supports the report's proposals for improved patient information and better reporting of side effects. It also welcomes the proposals for postgraduate training for all prescribers. **CRG**

Inbrief

Diazepam update

Diazepam is to be added to the list of products that can be ordered for dispensing by instalments from April 14. Currently this facility exists for buprenorphine and Schedule 2 Controlled Drugs.

PSNC points out that the instalment dispensing prescription form can be used only for the purpose of ordering the supply by instalments, the period of treatment is not to exceed 14 days, and the prescriber must specify the number of instalments to be dispensed and the interval between each instalment.

Stoma fee changes

New fees for dispensing stoma and incontinence appliances and suprapubic belts have come into effect. From April 1, when appliances are ordered with spare parts or accessories, pharmacy contractors will receive one professional fee per prescription item dispensed, says PSNC. Where appliances are ordered with spare parts or accessories, a prescription charge is payable for each prescription item dispensed.

Obesity guidance

The Royal Pharmaceutical Society has issued practice guidance on obesity management. It is available at www.rpsgb.org/practice. The guidance includes information on the nature of obesity, its prevention and management, and details of commercial weight loss diets, over the counter slimming products and medicines licensed for treating obesity.

Contract advice

Cambrian Alliance is holding members' meetings on April 19 at the AAH depot in Bristol, and on April 20 at Swansea's Marriott Hotel. For more information, contact Cambrian Alliance on 01792 791798.

Questiontime

This week's question:

Do you agree with MPs that stricter controls are needed in promoting new medicines to health professionals?

- Yes
- No

You have until noon on April 12 to vote at www.dotpharmacy.com. We will publish the results in C&D on April 16.

President urges support for Society devolution

Royal Pharmaceutical Society president Nicholas Wood has urged the profession to support the devolution proposals within the Society.

With a new Charter in place and a new Council with a significantly increased lay representation on it due to lead the profession from May, Mr Wood said that the new Council will have to work out how it wants to conduct its business and find ways of working that best meet its needs.

"There will be new regulations to frame, and I very much hope that the members of the Society will give the Council the thumbs up to Lord Fraser's proposals for devolved professional boards in England, Scotland and Wales."

Over 120 guests attended the Royal Pharmaceutical Society Council dinner on Tuesday evening. This was the last time such a dinner will be held before the new Council structure comes into effect in May. Guests were



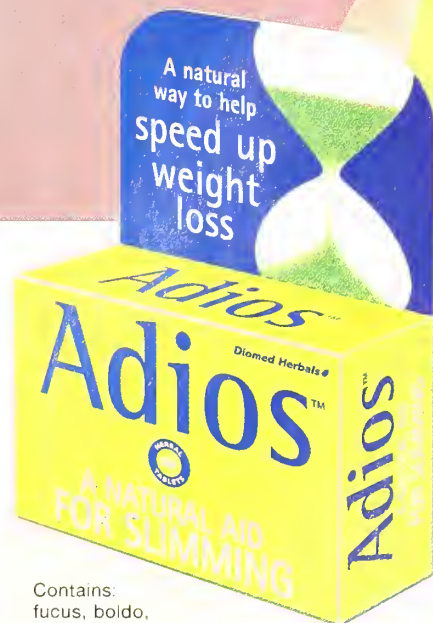
RPSGB President Nicholas Wood (right) with his guests at the last Council dinner under the Society's present Council structure. Above: Wellington-Smith, Clerk of The Worshipful Society of Apothecaries and William Shaw, master of The Worshipful Society of Apothecaries.

drawn from all areas of the pharmacy profession.

Mr Wood, who is stepping down from the Council in May, said: "We are at the start of a new era for the profession and the Society." It is 10 years since

the Society started working on its vision for the future of the profession, as set out in *Pharmacy in a New Age*. "Now, so much of what the profession had hoped for in that vision is a reality."

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Ranbaxy stumps up £4.5m to DoH in price-fixing case

Ranbaxy UK has paid the Department of Health £4.5 million to settle claims that it acted in an anti-competitive manner in connection with the supply to the NHS of generic drugs between 1996 and 2000.

The payment has been made on a full and final basis and without admission of liability, to compensate the NHS and to provide co-operation in the context of the ongoing proceedings.

The settlement follows three separate sets of proceedings issued between 2002 and 2004 against:

- Norton Healthcare, Norton Pharmaceuticals, Regent-GM, Goldshield Group, Goldshield Pharmaceuticals and Forley Pharmaceuticals over the alleged price-fixing of warfarin;
- against Norton Healthcare, Norton Pharmaceuticals, Regent-GM, Kent Pharmaceuticals,

Generics UK, Ranbaxy UK and DDSA Pharmaceuticals relating to the sale and supply of 'cillins';

- and Generics UK, Ranbaxy UK, Norton Healthcare and Norton Pharmaceuticals and Kent Pharmaceuticals over ranitidine.

Between them the DoH is believed to be claiming damages of over £150m.

In a statement Ranbaxy said: "We didn't want to be locked in a protracted legal battle with one of our largest customers, and because of the implications this would have in terms of legal costs and management's time."

Health minister Lord Warner added: "We are pleased that Ranbaxy – who are the first of the defendant companies to settle with us – have recognised the public interest in doing so."

Of the remaining co-defendants willing to comment, Goldshield said that it had noted Ranbaxy's announcement but felt that it was

too early to say what its response would be. Previously though, the company has taken a very defensive stance on the charges. IVAX said that its position of strongly refuting the allegations remained unchanged.

But Dr Jim Gee, director of the DoH's counter fraud services, revealed that the DoH's investigations team had already been approached by a leading institutional shareholder of one of the remaining defendant companies expressing concern regarding the loss of shareholder value and uncertainty caused by the proceedings.

"No one should doubt our determination to secure multi-million pound judgements against all who participated," he said.

Morten Herholdt of Barclays Investment Services says shares in the UK-listed Goldshield, for one, have remained buoyant despite the charges. **AC**

SCOTLAND

Scottish ZD list will not be endlessly amended

The Scottish Executive Health Department has told Scottish pharmacists that it has no intention of constantly amending its list of Zero Discount items.

Despite GlaxoSmithKline's recent changes to its trading terms, the SEHD has made clear its intention of maintaining the effect of Scotland's 2003 proprietary discount inquiry.

In a letter to Scottish pay negotiators the Scottish Pharmaceutical General Council, the SEHD said: "We are not satisfied that there is any logical reason for regularly adjusting the list of drugs categorised as ZD ... this may only serve to encourage market behaviour that would frustrate our objective of transparently delivering the target rate of discount clawback in a way that is predictable to both the Department and contractors."

Hearing the SEHD's position, SPGC chairman Frank Owens warned that there is now a very real possibility of a further proprietary discount. He said the SPGC was still working with GSK and the SEHD to secure a last-minute resolution.

The British Association of Pharmaceutical Wholesalers has also joined in with the condemnation of GSK's move. Executive director Martin Sawyer said: "The timing of these price changes could not be worse, side stepping as they do the new PPRS, generics pricing agreement, pharmacy contract and the current Department of Health consultations into branded generics and the distribution margin."

"Current pricing agreements were reached to allow the supply chain to act more competitively and ensure that the NHS gets the best deal for the medicines it purchases. Reducing that fluidity – by limiting margins – damages the ability of the market to deliver that competition and savings for the NHS."

"Further changes could irreparably damage the ability of wholesalers to meet the demands of the NHS, leaving a dangerous gap in the medicines supply chain and jeopardising patient care." **AC**

London contract funding concerns may end in court

Camden & Islington LPC has indicated that it is prepared to seek legal redress over the funding structure of the new pharmacy contract.

As part of its campaign to publicise the threat to small pharmacies from the new contract, the LPC is planning to write to other LPCs asking how many contractors dispense fewer than 2,000 prescriptions a month. LPC secretary David Kent hopes

to assess national support for his campaign.

Believing that the new contract funding structure is top-loaded in favour of high street chains, Mr Kent will be seeking talks with PSNC over an alternative funding model. "But if we can't achieve what we want to by talking to PSNC in a gentlemanly manner then we will have to take it up a peg or two and we will have a fight on our hands," he said. **AC**

Boots sells non-core businesses

The Boots Group is believed to have started marketing a £300 million portfolio of smaller stores for sale and leaseback.

The company would not confirm that it would be selling the stores, nor how many would be involved as *C&D* went to press, but comment is expected in its trading statement to be issued on Thursday, April 7.

However Cushman & Wakefield, the property adviser, has confirmed that it is acting for

the company, but also declined to provide further details.

As part of its strategy of selling non-core businesses, Boots has agreed to sell its 50 per cent stake in *handbag.com*, the internet site aimed at women, to the Barclay brothers, the owners of *The Telegraph* group and Littlewoods, for around £2m.

Boots has indicated that operating profits for the year would be broadly in line with market expectations. **JE**



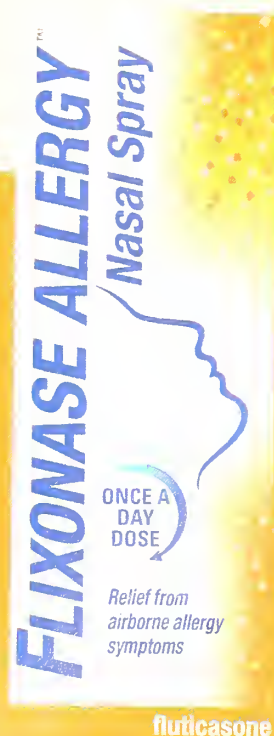
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It's time to give allergy sufferers the facts. Tell them that an anti-inflammatory nasal spray, like Flixonase Allergy Nasal Spray, is effective for itchy eyes^{1,4,10,12} and beats one-a-day antihistamine tablets hands down on relieving sneezing, runny noses, nasal congestion and groggy heads due to allergy.^{1,8} And all in a once-a-day spray. Recommend Flixonase Allergy, because nothing is more effective without prescription.

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Flixonase Allergy Nasal Spray Product Information. **Presentation:** Aqueous nasal spray, suspension containing 50 micrograms of fluticasone propionate per spray. **Uses:** Prevention and treatment of allergic rhinitis. **Dosage and administration:** Intranasal use only. **Adults and the healthy elderly:** Two sprays into each nostril once a day, preferably in the morning. Use twice daily if required. Do not use more than 4 sprays a day in each nostril. Prophylaxis of allergic rhinitis requires treatment before contact with allergen. **Children under 18 years:** Not to be used. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** If symptoms have not improved after 7 days or, if symptoms have improved but are not adequately controlled, consult a doctor. Not to be used for more than 3 months continuously without consulting a doctor. Consult a doctor before use in: concomitant use of other corticosteroid products, nasal/sinus infection, recent nasal injury/surgery, nasal ulceration. Risk of adrenal suppression with higher than recommended doses. Significant interactions between fluticasone propionate and potent inhibitors of the cytochrome P450 3A4 system; e.g. ketoconazole and protease inhibitors, such as ritonavir, may occur. This may result in increased systemic exposure to fluticasone propionate. **Side effects.** Dryness and irritation of the nose and throat, unpleasant taste and smell, headache and

epitaxis. Hypersensitivity reactions including angioedema and oedema of the face or tongue. Rarely anaphylaxis, angioedema, rash, urticaria, and arthralgia. Extremely rarely nasal ulceration and nasal septal perforation usually following chronic use. **Surgery.** Pregnancy and lactation. Do not use except with medical advice. **Legal category:** P. **Product licence number:** PL 10949/0360. **Product licence holder:** Meg & Harbours, Stockley Park, Middlesex, UB11 1PT. Further information available on request from Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Barnet, Middlesex, TW8 9GS. **Package quantity and ASP:** 60 spray pack £6.79. **Date of preparation:** December 2000. Flixonase is a registered trade mark of the GlaxoSmithKline group of companies.

References: 1. Ratner PH *et al.* *J Fam Pra* 1998; **47**: 118-125. 2. Stricker HE *et al.* *Ann Allergy Asthma Immunol* 1998; **80**: 115. 3. Kaszuba SM *et al.* *Arch Intern Med* 2000; **160**: 2581-2587. 4. Jordana G *et al.* *JACI* 1996; **97**: 588-595. 5. Charania P and Desfoueres JL *Allergy* 1997; **52**: 445-450. 6. Weiner JM, Abramson MJ *Ann Allergy* 1998; **80**: 1624-9. 7. Foresti A *Allergy* 2000; **62**: 12-14. 8. Stricker *et al.* *J Fam Pract* 1998; **47**: 14-22. 9. Vervloet D, Charpin D, Desfoueres JL *Clin Drug Invest* 1997; **12**(6): 295-298. 10. Bernstein DI *et al.* *Clin Exp Allergy* 2000; **34**: 952-957. 11. Van Saeftinck SH *et al.* *Ann Allergy Asthma Immunol* 1997; **78**: 126. 12. Barnes PJ *et al.* *Clin Exp Allergy* 1998; **28**: 1144-1150.



GlaxoSmithKline
Consumer Healthcare

No-bias rules take over as CSM duties transfer

Medicines regulators are aiming to stamp out any possible criticism of bias by setting out new rules on members' interests.

From November 1, the duties of the Committee on Safety of Medicines and the Medicines Commission will transfer to the new regulatory body, the Commission on Human Medicines (CHM) in a move that looks to redesign the 40-year old current structure into one that can

better deal with increasingly specialist medicine development.

However, a key aim of the changes is also to stamp out any possible future criticisms of bias and the new rules forbid representatives from the pharmaceutical industry sitting on the new Commission. They also prevent Commission chairmen or members of the statutory committees from holding personal interests in the industry they

regulate. "Ministers are concerned to further demonstrate the impartiality of the advice they receive," said a spokesman for the Medicines and Healthcare products Regulatory Agency.

The new CHM will comprise a maximum of 19 people, including a number of members of the public, who will give the patient's perspective on medicine issues. Adverts for positions will appear this month. **AC**

CONTRACT

PCTs will struggle with new control of entry rules



David Reissner rules place burdens on PCTs

PCTs are likely to find new control of entry regulations hugely burdensome because they are much longer and more complex and only limited guidance is available, a leading pharmacy lawyer has said.

The new regulations come into force at the same time as implementing the new pharmacy contract and place significant new burdens on PCTs, says David Reissner, head of the Charles Russell Solicitors' specialist pharmacy team.

He points out that when dealing with a new application, PCTs will have to take up references, carry out checks on an applicant's fitness to practise, decide what to do about the information they receive and make decisions within a limited timeframe.

Moreover, the guidance is still draft and provisional and, says Mr Reissner, "reads more like something the Department would have liked to have put in the regulations than what they have been able to include".

He says the guidance says a lot about competition and choice despite the fact that the word competition does not appear in the regulations. "The Department has been hamstrung by its inability to change the primary legislation – the *National Health Service Act 1977* – which contains the necessary or desirable test and which defines pharmaceutical services.

"Since the necessary or desirable test is deliberately restrictive, it would be hard to make sense of the regulations, which include the word 'competition'.

"Will [PCTs] be able to cope? Only time (and, perhaps, the courts) will tell," he says. **AC**

INDUSTRY

Elan MS drug linked to deaths

Irish pharmaceutical company Elan has confirmed that its MS drug Tysabri (natalizumab) has been linked to two patient deaths.

The latest was a patient who was participating in a Crohn's disease clinical trial. It was first thought the patient had died in 2003 of a malignant astrocytoma, but a review triggered by safety concerns confirmed the cause of death was progressive multifocal leukoencephalopathy (PML).

Earlier this year, Elan and drug development company Biogen voluntarily suspended marketing of the drug after it was linked to two cases of PML, a rare but often fatal demyelinating disease of the central nervous system. Both patients, one of whom died, had received Tysabri and interferon beta-1a for over two years for MS.

National newspapers reported that Elan shares halved in value as a result of the news. **AF**

INDUSTRY

Adverse device reports soar

The number of adverse incident reports on devices has increased 40.3 per cent over the past six years, and in 2004 totalled 8,840, the Medicines and Healthcare products Regulatory Agency has reported in the *2004 Device Bulletin* adverse incident report.

Of this total, 2 per cent involved a fatality, 7 per cent involved a serious injury and 22 per cent prompted in-depth MHRA investigations, with the result that 58 safety warnings were issued and 443 products were recalled.

Key to the reporting structure, says the MHRA, is the new risk assessment system, which was implemented in 2003 and the user online reporting system, which last year accounted for 50 per cent of the 2,250 user reports received.

The MHRA also reports that in

2004 device manufacturers themselves reported around 3,250 'vigilance' reports, 28 per cent more than in 2003.

"This continues to reflect the increased variety and volume of medical devices generally available and in use," it said.

The National Patient Safety Agency has reminded pharmacists that confidential reporting of patient safety incidents to the NPSA's National Reporting and Learning System is a term of the new pharmacy contract. The obligation covers incidents involving prescribing and administration of medicines as well as dispensing errors. **AC**

For more information:

dh@prolog.uk.com

(quote ref: DB2005(02)

www.npsa.nhs.uk/web/display?

contentid=3585

INDUSTRY

Resistance data in SPCs

Around 70 pharmaceutical companies have provided the German drug regulatory agency with bacterial resistance data for their older antibiotics, a medicines publication has reported.

The information may be included in the medicines' SPCs, following European Medicines' Evaluation Agency guidance that said resistance status should be included in the labelling of all antibacterials, said *Scnp*. **AF**

INDUSTRY

Factsheet for gout sufferers

The UK Gout Society has launched two new factsheets for sufferers, relatives and carers.

Covering diet and treatments, the advice leaflets have been launched to coincide with the preparation of national gout guidelines by the British Society for Rheumatology, and are supported by an unrestricted educational grant from MSD.

Copies can be downloaded



from www.ukgoutsociety.org or obtained by writing to the UK Gout Society, PO Box 517, London WC1V 7YP.

AF



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CCA COMMENT

The importance of getting MURs right

Neil Slater, head of operations at the Company Chemists' Association, is anxious to see medicines use reviews succeed

The new contract journey has begun. The start line has been crossed and from now on it is going to be a journey of discovery and development. Reading the pharmacy press over the last few weeks, one would be forgiven for thinking that the introduction of medicines use reviews (MURs) is all about the money – and whether or not it is worth the effort of getting involved, given the relative small sums at this stage. But too close a focus on the short term creates a real danger of missing the big picture.

The two advanced services included in the contract are a toe dip into the world of clinical service provision. For the most part, essential services mirror the existing contract – with a few extra, but important, bells and whistles. Repeat dispensing, for example, is incredibly important to provide a platform for community pharmacists to intervene in the management of long-term conditions. And MURs are likely to be a key part of that intervention.

At the recent Numark conference, Professor Alison Blenkinsopp remarked that MURs are not about selecting people with the most complex clinical needs – but that an MUR is a review that everyone with a chronic condition should have once a year. This is undoubtedly the case and if, as estimates suggest, 60 per cent of adults have a chronic illness, it is easy to see that as confidence in the clinical benefit of MURs grows, so could the income from this service.

CCA member companies are keen to embrace the clinical service agenda and relish the opportunity to develop pharmacy services along these lines. They recognise that advanced services are an important first step in the development process. The way in which the contract is set up, it is very much over to community pharmacy to deliver medicines use reviews.



Contractors do not need "permission" from anyone or access to any additional clinical information to do an MUR – so the ball is firmly in pharmacy's court. So contractors just need to get on and deliver – both in terms of the quality and quantity. As Alastair Buxton from PSNC so rightly says: "This is our first national clinical service. If we don't get it right, it will be the last one."

Clearly there is a lot of bedding down of essential services to be done between now and September, but by later this year all pharmacists need to be gearing up for MURs. Ask About Medicines Week will run from November 7-11, 2005, and it could be an ideal vehicle to promote the availability and benefit of MURs to patients, and to encourage suitable candidates to come forward for review.

MURs are very important strategically and provide a unique opportunity to show that pharmacy can deliver on its aspirations to engage in clinical services. What contractors want at the end of this year is to be able to present a case to Government and PCTs that demand for the service well outstrips supply – so that investment continues to flow to community pharmacy. So the sooner we start with MURs, the better.

DTB article on statin evidence 'unbalanced'

McNeil Ltd has hit back at the *Drug and Therapeutics Bulletin* for an "unbalanced" article which claimed the POM to P switch of simvastatin 10mg was not based on robust clinical evidence.

The company says the negative tone of the article is particularly disappointing as it ignores Zocor Heart-Pro's possible benefit to public health.

The *DTB* claimed that no trials have assessed the drug's long-term effectiveness in its target group of people likely to be at moderate risk of a heart attack.

"As a result, the UK population has, in effect, now been enrolled in a large experiment without adequate monitoring of benefits or risks." People are being used as guinea pigs and charged for this dubious privilege, said the editor Dr Ike Iheanacho.

And as it is possible to buy the medicine without a cholesterol or blood pressure test, people could be classed as at moderate risk when their true risk of a heart attack is much higher, the *DTB* added.

But McNeil points out that coronary heart disease is still the largest public health issue in the UK, so delivery of effective risk reduction to people who could benefit is clearly not happening

through existing mechanisms.

"We firmly believe that enhancing the role of self-care through pharmacy, particularly in the light of the new contract, has great potential to contribute to prevention of heart disease and other chronic conditions."

The company says it was invited to comment on the *DTB*'s draft article but most of its response was ignored in the final version.

The *DTB* also claimed the Medicines and Healthcare products Regulatory Agency wrongly reported the consultation on the switch by saying that about two thirds of respondents were in favour. But the *DTB*'s analysis of the submissions suggested that no more than 45 per cent could be described as supporters.

"These and other aspects of the way Zocor Heart-Pro became available set a poor precedent for future reclassification of medicines for OTC use," commented the *DTB*'s editor, adding that reclassification should proceed only "where there is unquestionable evidence of efficacy and safety".

AdM

For more information:

www.which.co.uk

DTB 2005; 43:25-28

Some flexibility over EU directive?

The European Courts of Justice's Advocate General has issued an "interim opinion" on the Food Supplements Directive.

He says that, while the establishment of a positive list of vitamin and mineral ingredients is valid, there are deficiencies in the procedure for adding new substances to the list. PAGB believes his statement may offer a more flexible approach for manufacturers having to show that an ingredient is safe if it is not on the list.

PAGB chief executive Sheila Kelly said: "While most PAGB member companies have already produced dossiers, we welcome any steps that give greater flexibility and ease the burden."

The Advocate General was

responding to a legal challenge brought by industry groups which argued that the legislation threatened 5,000 products. The court's final ruling is expected before the Directive is introduced on August 1.

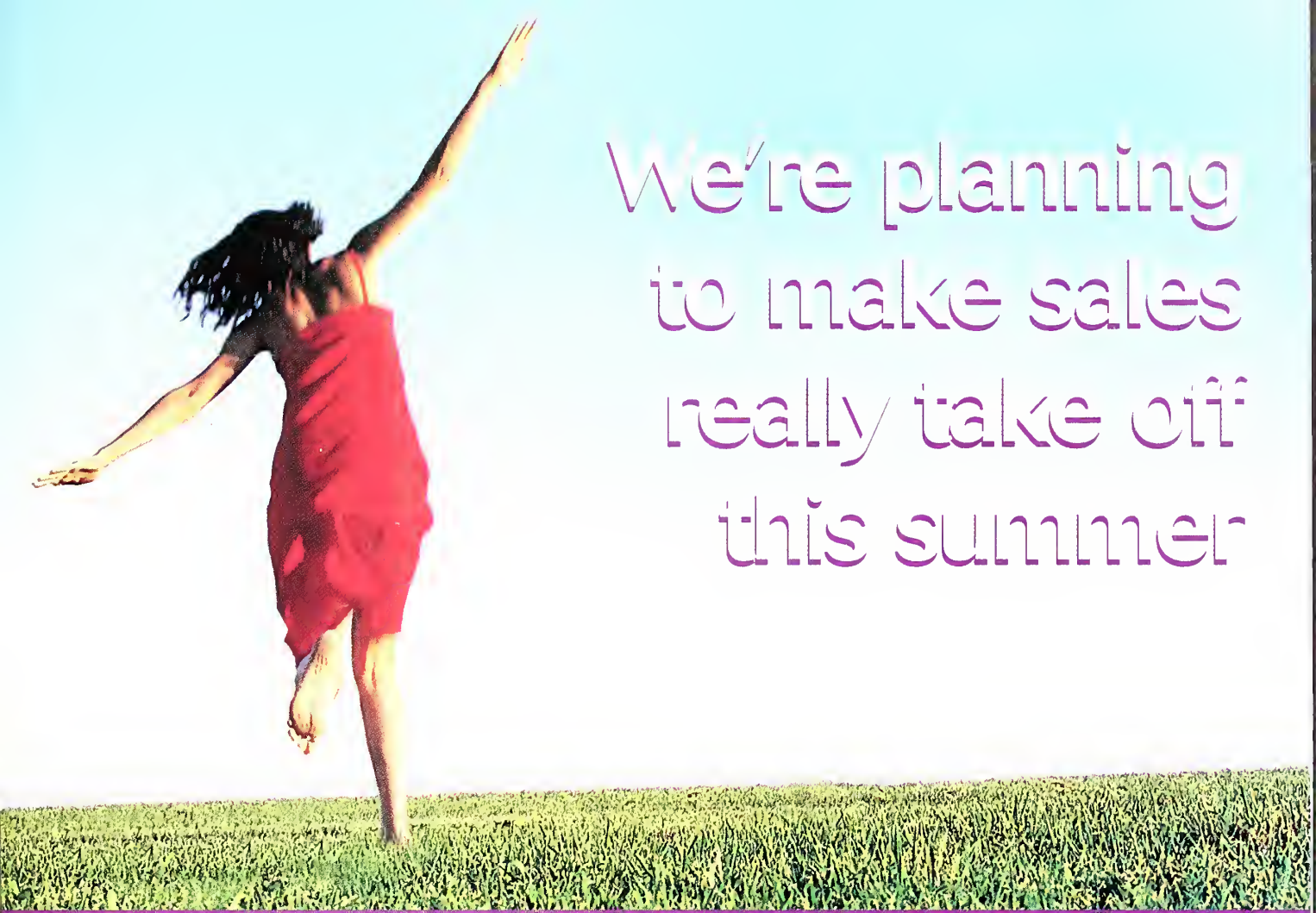
The Directive will make it illegal to sell in the UK any supplements containing vitamins and minerals not assessed for safety by the European Food Safety Authority.

This "positive list", which already contains 112 substances, will be developed over the next few years. Meanwhile, companies can continue to sell supplements if they submit an ingredient dossier to EFSA.

AdM

For more information:

www.hsis.org



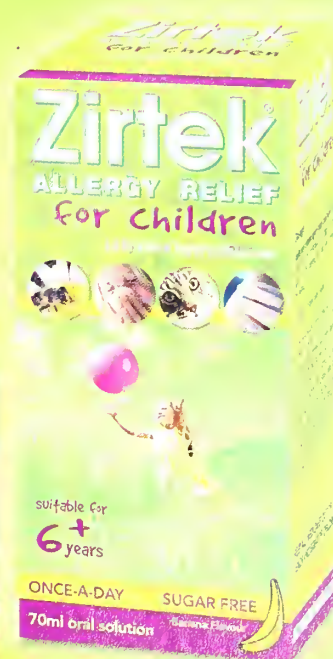
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ULS 74 02 01

Our question to pharmacists this week was:

How do you feel about IVAX and GSK altering their discount structure?

"It's bullyboy tactics. There's no doubt pharmacists will lose money and it could well be the start of lots of companies going down this route"

Huw Morgan,

Cardigan

"It's probably a better thing for us in the long run"

Claire Maddock,

Polegate

Our online poll at www.dotpharmacy.com said...



Comment from the Editor

As a parliament draws to a close, the government machinery steps up a gear as desks are cleared, documents published and legislation completed.

This time has been no exception. The pharmacy public health paper is to be welcomed, but it is the parliamentary Health Select Committee's report on the activities of the pharmaceutical industry that has had perhaps the most coverage.

The Committee was critical of a wide number of aspects of the way in which medicines are regulated, supplied, and marketed and has given the next government plenty to think about. Worryingly, it concluded that the medicines regulator, the MHRA, was not as effective as it should be.

It is interesting, then, that legislation was passed this week abolishing the Committee on Safety of Medicine along with the Medicines Commission in the autumn. They will be replaced with a new Commission for Human Medicines which will reflect the "requirement for a greater degree of expert scientific

judgement" as well as see more lay representation.

But it shouldn't overlook the contribution that practising health professionals can bring to the evaluation process. The CSM membership includes pharmacists, nurses and doctors who can make use of their real life experiences of dealing with patients and medicines, in making judgements about a licence application.

This is something that a full time scientist, no matter how eminent, may not experience or even contemplate in a laboratory setting. Lay members are unlikely to have the generalist knowledge that pharmacists encounter every day. It would be a shame, then, if this hands-on expertise were excluded from a 'rationalised' CHM.

Don't exclude hands-on expertise from a 'rationalised' CHM

Your views

E-mail your views to chemdrug@cmpinformation.com

David Coles urges manufacturers to consult wholesalers more

Weak link in the supply chain

As wholesalers we accept that change has a major role to play in the nature of our business; in fact, we actively strive to accommodate and embrace it.

Momentous changes, such as those being brought about by the new pharmacy contract, require serious consideration and consultation to ensure their successful implementation. These changes have been discussed and preparations made, since the Government's initial plans for reform emerged back in 2000.

This lengthy consultation process is integral to our capacity to shield and support our pharmacy customers through the effects of the change. However, in



the current marketplace where manufacturers are foisting change upon us (supply quotas, wholesale price reductions, for example) without prior notice or consultation, our position as guardians of the supply chain is becoming increasingly

compromised. The unilateral declarations are difficult enough to accommodate in this period of unusually high change, but there can be no doubt that they are unwelcome when they are made with very little notice. We appeal to manufacturers to better consider the repercussions of their actions upon the supply chain.

As wholesalers, we are prepared to listen and assist wherever we can, but this is only feasible if we are consulted in the early stages in order to prepare for what lies ahead.

David Coles is managing director and chairman of the BAPW.

What a job, describing what we do

TOPICAL REFLECTIONS

Unpredictable fallout from pricing war

It was inevitable that other manufacturers would follow GSK's lead and remove discount from their branded products in order to fund competition with the generic companies. IVAX is the first, but I expect others to follow. After all, who's going to stop them? This is a highly competitive market and it was naïve to assume that it would continue to operate along the lines of some sort of gentlemen's agreement for ever.

At least IVAX has been honest about its position and its motives, rather than pretending this was a purely altruistic decision. It was a business decision taken for commercial reasons.

IVAX is not alone in blaming GSK for the whole scenario, but it is suggesting that it's up to the DoH to find a solution (*C&D*, April 2, p5). Adding these products to the ZD list is a first step but, as Frank Owens points out (*C&D*, April 2,

p31), the situation is far more complicated.

Ultimately I should be protected by the promise of a guaranteed buying profit in the new contract. This cleverly negotiated deal hopefully means that I can rise above the worst of the potentially large losses, but the implications for the whole delicately balanced drugs pricing system are far-reaching. If my buying profits remain fixed then the DoH is ultimately footing the bill for the drug companies' price war. And if it decides to recoup these losses through the PPRS then GSK will get its just desserts. Unfortunately I suspect that pharmacists, as the soft target, will suffer at some point.

I imagine the whole unfortunately timed fiasco will make more paperwork for everyone involved, delay progress with the new contract and leave a bad taste in the mouth for some time to come.

This month has seen every pharmacy department in Scotland trying to sort out job descriptions for their staff.

While the majority of posts do have job descriptions already, many of them are out of date and few are understandable to anyone outside the profession.

Where is the problem? Surely, it is only those inside the profession that will be applying for jobs? Or those with at least some passing knowledge of pharmacy? Quite right.

However, NHS Scotland has set a deadline of the end of May for all pharmacist posts to be matched to the national Agenda for Change job profiles. Other pharmacy staff are to be matched over the subsequent two months. It is unlikely that pharmacy staff will be involved in the matching process, so job descriptions have to be understandable to staff who have only the

The service provision lottery

One of the strengths of PCT funding is the regional variation, because local services should be provided to meet local needs. There is, however, always the danger of 'postcode' provision unless there is some degree of centralised control.

Sheila Kelly highlights this postcode variation as a potential problem for pharmacist prescribing (*C&D* April 2, p12), but I believe this is the inevitable drawback to locally funded services. Already, in our area services such as smoking cessation and NRT supply, PGDs for EHC and INR monitoring vary considerably between PCTs. Patients living along PCT boundaries are already confused about which

services they can access from which pharmacy.

Some services, such as NRT supply, are only available to patients resident in a particular PCT. So patients living outside this area cannot access the service, even by visiting a pharmacy in the neighbouring PCT. Therefore some services will be accessible by those willing to travel and others only to those prepared to move house.

Even if a pharmacy does offer a service that the patient is looking for, they must be sure to visit on a day when a trained pharmacist is working. Some locums will be trained in some services but others won't. Only particularly conscientious locums that work across more than one PCT will have signed up to provide a whole gamut of different services. This causes not only 'postcode' but 'calendar' variations.

Further anomalies arise, for example around the patient's age, where a 15-year-old can obtain EHC from a pharmacy operating under a PGD but not from a pharmacy that simply sells it OTC.

Some degree of variation is inevitable, whatever the system. I'm not sure that even Ms Kelly's suggestion of the 'one size fits all' POM to P

route would iron out all the differences. I know of some local pharmacists who do not sell Levonelle or Zocor for their own personal or professional reasons.

Pharmacies in the future may have to display a 'daily menu' of services and categories of patients eligible for each one.

How much professional jargon do you use on a daily basis?

vague idea of what we do.

So whereas job descriptions of yesteryear rarely ran to more than two or three pages, the average new one runs to about 11 pages, by the time everything is included and expanded to explain it.

Have a think about it. How would you explain pharmaceutical care to someone who thinks pharmacists only put pills into bottles and label them? How much professional jargon do you use on a daily basis? How much of that do you actually realise is jargon?

Everyone is keen to match to a national job profile, though, because the alternative is a job analysis questionnaire – all 38 pages of it.

Written by a senior hospital pharmacist



E-mail your views to chemdrug@cmpinformation.com

GSK Pharmaceuticals has put 'almighty spanner' in contract negotiations

GSK Pharmaceutical's recent "declaration of support" for community pharmacy displays only its self-interest, or at best a breathtaking naivety in understanding one would not expect from a business of this scale.

It is well recognised that community pharmacy is supported by professional fees and an element of profit on purchases. Government discount clawback means this profit sharing provides an almost constant downward pressure on drug prices to the NHS and the taxpayer.

Put simply, GSK has decided that its products should be exempt from this market. Thus the 'discount' earned by the NHS via community pharmacy is largely retained by the company. The price reductions it has announced will affect only generic rival products in those markets. Meanwhile, where it has no competition in therapeutic areas it will adopt a policy of zero discount to pharmacy.

This removes any downward market pressure on its portfolio of

products actually depriving the NHS of savings and an important community pharmacy income stream.

There is a double edged sword here though – zero discount status can only be granted by Government and as yet only GSK is saying that the Department of Health has agreed to this proposal. In Scotland the Scottish Executive Health Department has not endorsed such a scheme. So potentially community pharmacy will still pay for this initiative through clawback. As far as I can see GSK is the only real winner.

In Scotland this announcement couldn't have come at a worse time as contractors are 'locked' into a transitional arrangement prior to the start of a very ambitious new contract in April 2006.

Theoretically the funding for that contract was also 'locked' in.

I find absolutely astonishing the complete lack of consultation from a company that employs community pharmacy advisors. What GSK has achieved in Scotland has been to put an

almighty spanner in the negotiations towards a more transparent system of payment for community pharmacy.

While I'm personally still looking forward to our new contract and actually being paid to deliver pharmaceutical care, I don't envy the light GSK has cast itself in with both our profession and the Scottish Executive Health Department.

Finally, as far as GSK's meagre proposals to aid the new contract and its implementation in Scotland with its educational packs, it's a case of too little and five years too late. *The Right Medicine in Scotland* has been with

us since 2000 (actually drafted in 1999), as have the pharmaceutical care model schemes that introduced new levels of care and new working practices within Scottish community pharmacy. All support has already been tailored, developed and delivered under the auspices of NHS Education Scotland.

These have provided us, in Scotland, with a taste and very insightful and rewarding vision of where our future lies. Personally speaking I don't see GSK fitting in to this future other than as a manufacturer of drugs.

Campbell Shimmins
Woodside Pharmacy, Doune

Prepayment certificate refunds 'bizarre'

Having just received the PPA's letter on the new procedures for prescription charge refunds (24 hours before implementation!), I wholeheartedly agree with RJ Hodgson's views (*C&D, March 26, p14*).

What a bizarre system whereby a pharmacy takes money from a patient, gives it to the government, then gives it back to the patient and claims it back from the

government, while drowning under a sea of paperwork at each stage. Of course we should boycott the process but I doubt there is the collective will to do so. Typical pharmacy.

As for the fee, does anyone know how our £1.30 per month compares with what the Post Office was paid for the service?

Jane Hingley
Birmingham



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Sharing the Lloydspharmacy vision

Over 1,200 Lloydspharmacy pharmacists and pharmacy managers gathered at Stoneleigh Park near Coventry recently for the company's biggest-ever conference. It was a time to celebrate the success of the business – both in terms of achievements to date and Lloydspharmacy's pioneering initiatives ahead of the new contract coming into effect.

Delegates heard how, thanks to their pharmacists' commitment and dedication, customers are increasingly taking advantage of the compelling services on offer.

Impressive figures were revealed to paint a wider picture of how each Lloydspharmacy team is contributing to the health of the nation. Over 530,000 diabetes screenings and 225,000 blood pressure tests have now been carried out for patients, completely free of charge. And the company believes it is now leading the market in the collection of scripts from GP surgeries.

A five point 'Pledge Card' was also handed to every delegate to underline Lloydspharmacy's commitment to the NHS and PCTs.

Outstanding employees received awards in recognition of their contribution. Here, in this *Chemist & Druggist* special, we profile their successes.

Amarjit Tanday attracted two immense bursts of applause for his doubly outstanding contribution to the business. Not only did his pharmacy at Causeway Green, Birmingham generate the highest increase in OTC sales (up 77%), but they managed to better that on 'scripts, with a 78% upturn.

Script Growth runners up:
Fiona Fox for generating a 58% increase at Butcher Hill, Leeds, and Sharon O'Brien, Victoria Road, Glasgow.



Left to right: Justin Ash – Managing Director of Lloydspharmacy, Amarjit Tanday of Causeway Green, Andy Murdock – Lloydspharmacy Pharmacy Director

With Amarjit Tanday collecting the winning Award for OTC Sales Growth, Janine Rogers accepted silver place for her staff at Lloydspharmacy Newman Road, Sheffield (up 58%) whilst Mike Bentley and the team in Bromsgrove collected bronze (up 21%)



Left to right: Justin Ash, Janine Rogers of Newman Road, Mark Green – Lloydspharmacy Commercial Director

Alastair MacDonald and his team in Mansfield, Notts, certainly made their contribution to finding the 'missing million' thought to have undetected diabetes last year. They managed to screen an astonishing 1,965 people over the course of the year – at some points screening 250 per week.



Left to right: Justin Ash, Alistair MacDonald of Mansfield, Gary Feary – Lloydspharmacy IT Director

Left to right Justin Ash, Colin Jack, Fiona Kennewell, Dana Woodall, Jayne Hale, Joanne Loasby, Stefan Meister



It was champagne aplenty for the five who scored highest by their Mystery Shoppers: Colin Jack (Mansfield), Fiona Kennewell (St Andrews), Dana Woodall (Birmingham), Jayne Hale (West Bessing), and Joanne Loasby (Birmingham).



Left to right: Justin Ash, Andrew Aye of Gravesend, Maxine Harris – Lloydspharmacy HR Director

Andrew Aye of Gravesend, Kent picks up the coveted award for 'Customer Service Appreciation' – and you know what they say... the customer is always right!

Jerry Long is hailed 'Area Manager of the Year' for excelling in 10 key performance indicators last year



Left to right: Justin Ash, Jerry Long, and Stefan Meister – member of the Management Board and Group Managing Director Retail, Celesio



Left to right: Justin Ash, Nichola James of Clydach, John Hood – Lloydspharmacy Finance Director

Nichola James collected an award for the way her team at Clydach, Swansea managed to boost their Prescription Collection Service subscribers from 33% in January to a mighty 84% in December. Pamela Wilson of Macduff and Ranjit Dhillon of Nuneaton were also commended for their commitment to the service.



This article can help in the following areas of competence as set out in the RPSGB's CPD manual: **C26, C25, G18.**

Evidence is emerging that folic acid and folate have important effects besides preventing birth defects, says nutritionist *Ann Walker*

Burgeoning benefits



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1334), in association with multiple choice questions being published in *C&D* May 7, provides one hour's continuing education

Objectives

- To know the different forms of folic acid and folate
- To be aware of food sources
- To know the daily requirements
- To know the maximum safe intake
- To be aware of the benefit of supplementation

Few nutrients display so many fundamental and diverse biological properties as folate. So perhaps it is not surprising that recent research has uncovered links between low intake of the vitamin and increased risk of a wide array of diseases.

Research into the benefits of folic acid has burgeoned since the early 1990s, when the UK's Medical Research Council showed that folic acid supplementation in pregnancy greatly reduced the risk of a baby being born with spina bifida.¹ Then, a new, independent risk factor for heart disease was discovered: raised plasma homocysteine, which could be normalised with folic acid supplementation. More was to come. A strong link was discovered between low folate status and risk of several cancers; in particular, colon cancer.

The evidence for a reduction of neural tube defects was so compelling that unprecedented public health policies were implemented throughout the world. Women of reproductive age were advised to take folic acid supplements and, from 1998, in Canada and the USA, mandatory fortification of cereal products with folic acid was introduced. Folate now plays centre stage in the new and emerging discipline of "nutrigenomics", as clearly-defined genetic polymorphisms have been found in folate-dependent enzymes, which predispose individuals to raised plasma homocysteine.

Sources

Folic acid (or pteroyl glutamic acid) is the parent molecule for a

large number of derivatives called folates. Folic acid itself is not found in food, but is synthesised for use in dietary supplements and food fortification. Common naturally-occurring forms of folate are tetrahydrofolate and 5-methyltetrahydrofolate (5MeTHF), each of which can carry side chains of up to 11 glutamic acid residues.

Polyglutamic forms of 5-methyl tetrahydrofolate dominate in fresh food and must be broken down in the small intestine to the monoglutamate form before absorption. Folic acid, as a monoglutamate, is more readily absorbed than the natural form: bioavailability ranges from 50 per cent for food folate to 100 per cent for folic acid.

Good sources of folate are not widespread in the food supply but are concentrated in particular foods, which feature heavily in "healthy" diets. These include dark green leafy vegetables, oranges, strawberries, other fruits, rice, brewer's yeast, beef liver, beans, asparagus and soya beans.

Essentiality and function

The body converts folic acid to the monoglutamate form of 5MeTHF, the normal form of folate transported in plasma. This happens for intakes of up to 400mcg a day – the saturation level. Any excess folic acid is excreted.

5MeTHF plays a critical role in methylation (one-carbon transfer reactions), without which proper cell division would be impossible. Specifically, 5MeTHF is involved

in the re-methylation of homocysteine to form methionine, prior to its conversion to S-adenosylmethionine (SAM), the one-carbon (methyl group) donor. SAM is involved in methylation reactions of proteins, phospholipids, DNA and neurotransmitters. Once SAM has given up its methyl group, it is converted back to homocysteine. Then 5MeTHF acts as a carbon donor and converts homocysteine back to methionine, having itself been regenerated from 5,10-methylenetetrahydrofolate by the enzyme methylenetetrahydrofolate

reductase (MTHFR).

Vitamin B₁₂ is needed for this reaction, so if either it or 5MeTHF is deficient, then toxic levels of homocysteine accumulate that can cause DNA breakage, oxidative stress and inappropriate apoptosis.

Requirements

People with recently-discovered polymorphisms of MTHFR are less capable of dealing with homocysteine when folate status is low. For these individuals, who can be up to 50 per cent of the population, an adequate intake of folate is crucial.³

Continued on page 22 ►



A pregnant woman with poor folate status can give rise to babies being born with birth defects. In the UK, the Food Standards Agency has decided not to make folic acid fortification in cereals mandatory, unlike its US and Canadian counterparts, so women who are pregnant or planning to become pregnant should take a folic acid supplement

Toxicity and maximum safe intake

Folic acid taken at nutritional doses is extremely safe. However, high doses can reverse the macrocytic red blood cell signs of pernicious anaemia caused by vitamin B₁₂ deficiency, while having no effect on the progressive and irreversible nerve damage also caused by the deficiency.

This effect of folic acid is referred to as "masking" B₁₂ deficiency. Vitamin B₁₂ deficiency affects 10–15 per cent of the elderly, who suffer from atrophic gastritis (an important cause of low stomach acidity), although this effect can be overcome with vitamin B₁₂ supplementation.

In the UK, the safe upper intake level (SUL) for folic acid is set at the low level of 1,000mcg/day for adults, because of the risk of masking the haematological signs of B₁₂ deficiency.⁴ For the same reason and, unlike its US and Canadian counterparts, the UK Food Standards Agency has decided against mandatory folic acid fortification of cereals.

Intake and deficiency

Data from the National Diet and Nutrition Surveys (NDNS), shown in Figure 1, indicate that large numbers of the population, especially women, are not reaching the RNI targets in the UK. However, figures for folate body status in the same surveys are more reassuring. According to the NDNS adult survey in 2003, only 4 per cent of men and 5 per cent of women had inadequate red blood cell folate concentrations and only 1 per cent of men and fewer than 0.5 per cent of women had serum folate concentrations below the lower end of the normal range.⁵

Nevertheless, this reassurance does not equate with a population in which large numbers of women have such poor folate status that they give birth to babies with birth defects, nor with the widespread incidence of raised plasma homocysteine. So are the criteria for adequate folate status set too low?

Figure 2 shows that the largest contribution to folate intake in the UK is from cereals and cereal products, followed by vegetables, including potatoes. High protein foods make little contribution.

Supplementation

For maintenance of health, folic acid supplementation should be

Table 1: RNIs* for folate intake in the UK²

| Age | 0-12 months | 1-10 years | Adults 19-65 years | Women pre-conceptual | Lactation |
|----------------|-------------|------------|--------------------|----------------------|-----------|
| Folate mcg/day | 50 | 70-150 | 200 | 400 | 260 |

* Reference nutrient intake (RNI)

taken at low doses to ensure nutritional repletion. However, although adult RNIs for folic acid in the UK are 200mcg/day, it is now accepted that at least 400mcg/day should be taken before and during pregnancy to prevent spina bifida and normalise plasma homocysteine. Folic acid supplements up to 400mcg/day can be taken safely without masking any B₁₂ deficiency. However, chronic therapy with folic acid is best coupled with vitamin B₁₂ supplementation as part of a multinutrient formulation.

High doses of folic acid (up to 10mg per day) have been used to treat specific diseases but need regular vitamin B₁₂ status monitoring. Drugs that reduce folate absorption and utilisation include antacids, bile acid sequestrants, methotrexate, some anti-seizure medications and sulfasalazine. People taking methotrexate for rheumatoid arthritis and psoriasis can reduce the side effects of the drug with folic acid supplements. Folic acid supplementation is not yet recommended for use alongside methotrexate in cancer therapy.

The evidence

The dramatic decrease of 72 per cent in neural tube defects in children born to mothers supplemented with folic acid in the 1991 MRC study had a major impact on public health policy worldwide.¹ Now, most national governments, including that in the UK, recommend that women of childbearing age take a dietary supplement of 400mcg/day of folic acid. In addition, since 1998, governments in the US and Canada have required food manufacturers to fortify all cereal grain products with folic acid. In these countries, since then, the average plasma folate concentration has risen threefold and neural tube defects have declined markedly. For example, in Canada these defects have dropped by 78 per cent, with no evidence of masking of haematological signs of vitamin B₁₂ deficiency.⁶ Unfortunately, on a worldwide basis, folic acid

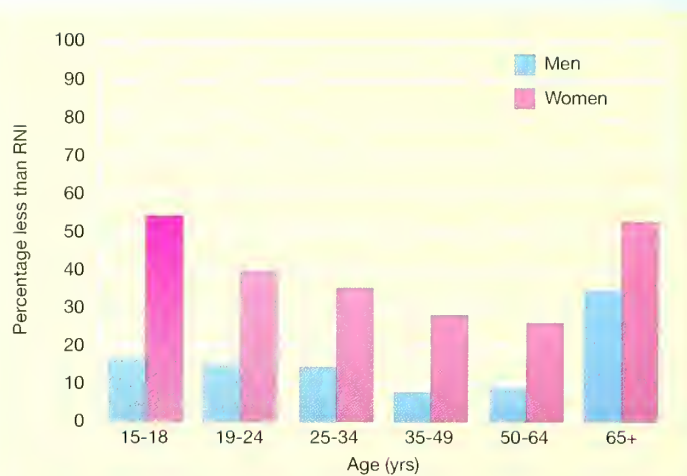


Figure 1: National Diet and Nutrition Survey respondents (%) showing folate intake less than RNI⁵

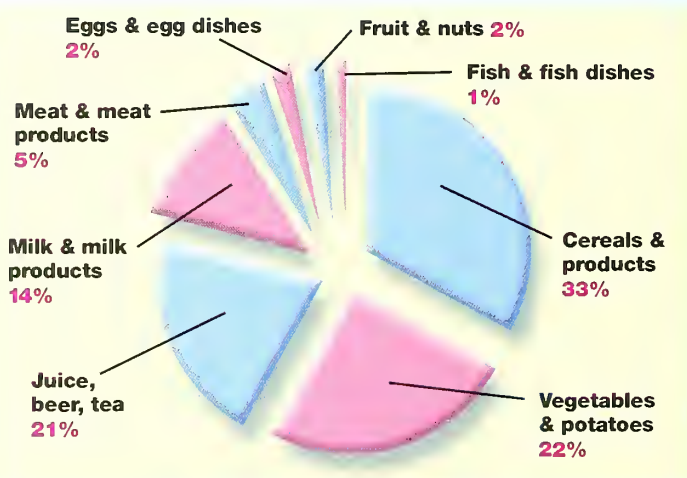


Figure 2: Percentage contribution of food groups to folate intake⁵

supplementation among young women has not increased greatly and many babies continue to be born with neural tube defects in countries like the UK, which have eschewed food fortification.

There is now well-established evidence that raised plasma levels of homocysteine, a strong risk factor for heart disease, can be reduced by folic acid supplementation. At high levels, homocysteine is atherogenic and associated with increased risk of heart disease and stroke. An epidemiological study of 80,000 women showed that folic acid supplementation could reduce the risk of heart disease by as much as 50 per cent.⁷

The risk of developing several

cancers, including colorectal, breast, cervical, pancreatic, brain and lung cancers has been shown to be inversely associated with long-term use of multivitamins containing folic acid.⁸ This relationship is most clearly defined for colorectal cancer. Folic acid supplementation also appears to abolish the increased risk of breast cancer due to high alcohol intake.

Preliminary, but not yet definitive, evidence indicates that folic acid supplementation may be helpful for treatment of bipolar disorder, osteoarthritis (in combination with vitamin B₁₂), osteoporosis, restless leg

Continued on page 24 ►

Pharmacy Update 2005

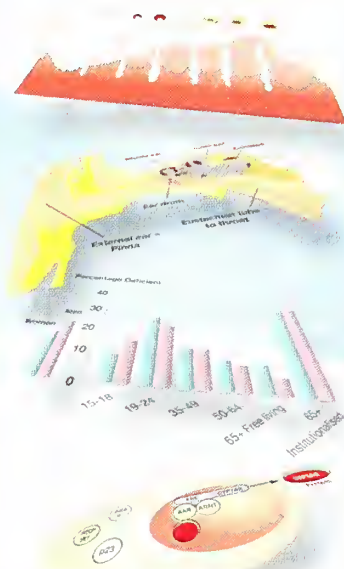
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The donation will go to the charity listed below which receives the most votes from pharmacists or pharmacy technicians who register for Pharmacy Update 2005. Make your vote count when you register:

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- RPSGB Benevolent Fund (www.rpsgb.org.uk)
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syndrome, rheumatoid arthritis, seborrheic dermatitis and vitiligo. A growing body of evidence supports a role for folate in maintaining normal plasma homocysteine in cognitive function, dementia and Alzheimer's disease.⁹ Moreover, evidence for a role of folic acid supplementation for countering depression is more substantial.¹⁰ The link with mental function may be, again, through the detrimental effects of raised plasma homocysteine.

Conclusion

There is no doubt that the mandatory fortification of cereals with folic acid in North America, which commenced in 1998, has been effective in reducing the incidence of spina bifida and other birth defects. But educational programmes aimed at persuading young women of reproductive age to supplement with folic acid have not proven adequately effective. Hence, the policy of raising folate status through education needs to be reviewed in the UK and other countries, which have shunned mandatory folic acid food fortification because of the risk of masking vitamin B₁₂ deficiency.

For most people, taking a multivitamin supplement containing folic acid and vitamin B₁₂ would minimise the risk of masking signs of B₁₂ deficiency

Terms to guide folic acid use

Folate – a generic term for the vitamin used to denote both folates in food and folic acid, the synthetic form.

Folic acid – the synthetic, monoglutamate form used in supplements and food fortification, also called pteroylglutamate.

5-methyltetrahydrofolate – 5MeTHF –

- monoglutamate form is the main form in blood plasma
- polyglutamate forms dominate in fresh food.

and maximise normal homocysteine homeostasis, thus reducing the risk of chronic disease.

For further information on vitamins, minerals and supplements, visit the Health Supplements Information Service website at www.hs.is.org

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Tetrahydrofolate (THF) – polyglutamate forms also found in foods.

RNI – the reference nutrient intake is the daily amount of a nutrient that is sufficient to meet the mean (average) requirements of a given population plus two standard deviations, that is 97.5 per cent of a given population.

SUL – the safe upper level is the intake that can be consumed daily over a lifetime without significant risk to health.

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Dr Ann Walker PhD, MNIMH, CPP, RNutr, is senior lecturer in human nutrition (part-time) at the University of Reading. She has undertaken many randomised clinical studies on the effects of supplements for a range of health problems and is author of numerous papers and several books. She is also a herbal practitioner and treats patients attending her clinic with a combination of nutrition and herbal medicine. She acts as an independent adviser to HSIS.

Actionplan

1. Check your vitamin section to make sure you have sufficient stock of folic acid 400mcg.
2. The uptake of folic acid before pregnancy and during the first trimester is poor. In your practice workbook prepare a protocol to help you and your medicines counter assistants give sound advice on supplementation.
3. Find out more about the role of homocysteine in heart disease. This article quotes research on females, but is there evidence that high levels adversely affect males?
4. Think about the author's previous *Update* articles on vitamins and minerals. All refer to deficiency causing conditions that are not usually associated with the vitamin or mineral, and some benefits derived by supplementation that are not reported in many standard pharmacy references. Should we revise our long-held view that supplementation is not necessary unless there are overt symptoms of deficiency (see *BNF* section 9.6 introduction)?



Folate rich foods include dark green leafy vegetables, oranges, strawberries and asparagus

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D readers can self-test their progress by using the multiple choice question paper to be inserted in the May 7 issue, which will cover this week's CPP-accredited module, together with the April 2 and 16 issues. These will cover:

● Kidney diseases part 1 (1333) ● Folic acid (1334) ● Basic bugs part 2 (1335)

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Major full-line wholesalers may be providing U.K. originated stock of NeoClarityn and Nasonex at the most competitive prices

Long-acting naltrexone effective in alcohol addiction

Once-monthly injectable naltrexone reduces heavy drinking in alcohol-dependent patients, says a study published in *JAMA*.

US researchers randomised 624 patients to receive 380mg or 190mg intramuscular long-acting naltrexone or placebo monthly, combined with 12 sessions of

supportive therapy. The primary outcome recorded was frequency and pattern of heavy drinking (over five drinks per day for men, and four a day for women).

Patients receiving the higher dose of naltrexone showed a 25 per cent decrease in heavy drinking, and lower-dose recipients showed a 19 per cent

decrease, compared to those on placebo. Discontinuation of therapy due to adverse effects occurred in over 14 per cent of the 380mg naltrexone patients, and 6.7 per cent in both the 180mg and placebo groups.

The authors say the formulation of naltrexone used differs from oral products as it

does not exhibit daily peaks, and provides "a predictable pharmacological foundation" for treatment. In addition to alcohol dependence, long-acting naltrexone may prove a useful treatment strategy for other addictive disorders, though more work is required, they conclude.

For more information:

JAMA 2005; 293: 1617-1625

VMS evidence in elderly 'weak'

The evidence for use of multivitamin and mineral supplements to reduce infections in elderly people is weak and conflicting, say UK researchers.

The authors of a study published at www.bmj.com conducted an analysis of eight randomised placebo-controlled trials that evaluated the effect of VMS on infection rates in elderly people. Although three studies reported fewer days spent with infection, the other five trials showed VMS gave little or no benefit in terms of infection rates.

The authors conclude that routine use of multivitamin supplements in the elderly cannot be supported, as the evidence is

"of poor to moderate quality, heterogeneous, conflicting". Differing baseline nutritional status in trial participants may have led to the conflicting results, they say, highlighting that two trials recruited subjects exclusively from nursing homes.

The Health Supplements Information Service quickly responded to the paper, saying numerous reports "clearly demonstrate the advantages and the benefits" of VMS. One area of note was the role supplements play in those who do not get target intakes of essential nutrients, such as the elderly, the HSIS added.

For more information:

www.bmj.com

Combined analgesia allows lower drug dosing

A combination of gabapentin and morphine provides better analgesia at lower doses of each drug than either as a single agent, a small-scale study has shown.

Canadian researchers assigned patients with neuropathic pain to receive lorazepam, sustained-release morphine, gabapentin or a combination of morphine and gabapentin.

Lorazepam was used instead of placebo because, although benzodiazepines have no efficacy in neuropathic pain, lorazepam's sedating effect provides better blinding than inert placebo in trials of sedating analgesics.

Pain treated with the drug combination was rated lower than pain treated with any of the other three single medicines. In

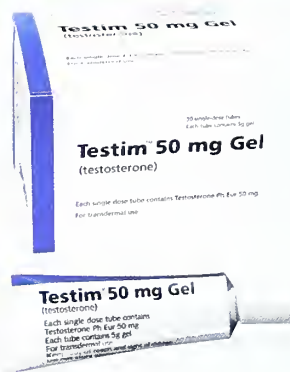
addition, patients on the combination regime required an average of 34.4mg morphine and 1705mg gabapentin when the two were taken together, compared to 45.3mg morphine and 2207mg gabapentin when taken as single agents.

Summing up, the authors say: "Data from the present trial that indicate superior efficacy without greatly increased adverse effects suggest that a combination of gabapentin and morphine has a therapeutic profile superior to that of either drug as a single agent." Furthermore, they call for more trials comparing other analgesic combinations with their respective single agents.

For more information:

N Engl J Med 352; 13: 1324-1334

Scriptlines



Testim gel

Testim (testosterone) 50mg gel has been launched by Ipsen Ltd.

Indicated as testosterone replacement therapy for male hypogonadism when testosterone deficiency has been confirmed by clinical features and biochemical tests, the recommended starting dose is one 5g tube. The gel should be applied as a thin layer once daily, preferably in the morning after washing, to the skin of the shoulders or upper arms.

A 'black triangle' drug, Testim should not be used in children, males under 18 years or men with breast carcinoma or known or suspected prostate cancer. In addition, the product should be used with caution in patients with ischaemic heart disease, epilepsy, migraine or hypertension.

Price and pack size: 30 tube box £41.88

Pipcode 313-5670

Ipsen Ltd

Tel: 01753 627627

Taxol

Taxol (paclitaxel) concentrate solution for infusion is now licensed for use as an adjunct for breast cancer.

The SPC states that the product may be used as adjuvant

treatment following anthracycline and cyclophosphamide (AC) therapy in patients with node-positive breast carcinoma, as an alternative to extended AC therapy.

For more information:

Bristol-Myers Squibb

Pharmaceuticals Ltd

Tel: 01244 586100

Emtriva solution

Gilead Sciences has launched a liquid version of Emtriva (emtricitabine) for treatment of HIV-1

infections in combination with other antiretroviral agents. The recommended dose of Emtriva 10mg/ml oral solution is 240mg (24ml) once daily in adults, and 6mg/kg (up to a maximum of 240mg) once daily in children up to 18 years of age. The SPC states that no safety or efficacy data is available in infants under four months, or adults over 65 years.

As emtricitabine is principally eliminated by the kidney, patients with renal impairment require dose interval adjustment or daily dose reduction. In addition, clinical response and renal function should be monitored closely, the SPC states.


Price and pack size: 170ml £46.50 plus VAT

Pipcode 314-9747

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Ketsugo duo for spot-prone skin

Australian Bodycare is introducing two products into its Ketsugo range of products for acne or problematic skin.

AntiBac Wash contains anti-bacterial agent Triclosan which helps to fight the bacteria that cause spots and deeply cleanse the skin.

OilControl Lotion is a light, non-clogging moisturiser containing isotretinoin to 'normalise' the production of oil in the sebaceous glands.

The manufacturer says results can be visible in two weeks although it can take between four and six weeks to gain optimum results.

The products will be available in May.



Price: wash £4.95 (150ml); lotion £10.95 (75ml)

Pip code: wash 312-6349; lotion 312-6331
Ken Lamacraft Marketing
Tel: 01892 750333

TV

Ambi Pur: ITV, C4, five, GMTV, Sat

Aquafresh: All areas except U, CTV, GMTV

Calpol: All areas except U, GMTV

Cura-Heat: All areas except C4, five

Cura-Heat Period Pain: All areas except C4, five

GlucOsamine: M

Lucozade Energy: All areas except U, CTV, GMTV

Lucozade Sport: All areas except U, CTV, GMTV

Nurofen Plus: All areas

Sensodyne: All areas except U, CTV, GMTV

Solpadeine: All areas except U, CTV, GMTV

TENA Lady: All areas except U, CTV, LWT, GMTV

Zocor Heart-Pro: A, M, LWT, C4, Sat

PharmaSite for next week: Southern region – **Glucosamine:** All other regions – **Bazuka** – Window, **Hayfever Care Range** – in-store, **Stop Bleed** – Dispensary

Pharmacy Channel: Ozone toothbrush, Isovon, Healthy Eating

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), T-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Milupa makes feeding easier

Milupa is introducing new packaging for its range of Aptamil infant milks.

Eazypak packaging is designed to make the safe and accurate preparation of infant milks easier.

The lid clicks securely shut to keep milk fresh, dry and hygienic. For retailing, the lid also has a tamper-proof seal for parents' additional reassurance.

The scoop is securely located

under the lid, making it easy to locate and does not get lost in the milk powder.

A leveller is built into the lid so that the right amount of powder can be measured quickly and accurately.

The formulations of Milupa Aptamil milks remain unchanged.

For more information:

Milupa Ltd (div of Nutricia)
Tel: 01225 768381

Fresh image for cool Lynx

Unilever is introducing a new look and improved formulations for its Lynx bodyspray range.

The packs feature new graphics, more prominent branding and usage instructions on the back – directing consumers to spray the product all over for maximum effect.

The formulation includes an increased cooling agent to keep users fresh all day with

an all-over body sensation.

The bodyspray range will be backed by a £7.5 million support package this year.

A Latin American themed media campaign will kick off later in the year on TV, highlighting the new all-over bodyspray communication.

For more information:

Unilever UK Home and Personal Care
Tel: 020 8439 6100

Eye opener from Murray's

Murray's is launching a compact eyelash curler and tweezers set. The matching clear purple-coloured eyelash curler and tweezers are blister-packed together.

The mini eyelash curler is designed without bulky handles, allowing it to fit easily into a make-up bag. To use the curler, flip the mechanism down, position lashes into the curler and squeeze. When the desired results are achieved, flip the handle back up.

Price: £1.49

Paul Murray Plc
Tel: 023 8046 0600

Ascensia switch

The Ascensia Glucodisc reagent disc will no longer be prescribable/reimbursable on the *Drug Tariff* from August 1, 2005.

All users of Ascensia Esprit blood glucose meters will need their prescriptions changed to Ascensia Autodisc.

To guarantee the accuracy of the Esprit systems with the Ascensia Autodisc, users will need to continue to correctly code their meter to the batch of Ascensia Autodisc in use.

For more information:

Bayer Healthcare (Ascensia Diabetes Care Support Line)
Tel: 0845 600 6030

Senokot research drives pharmacy campaign

As part of a marketing campaign targeted at pharmacies, Reckitt Benckiser has distributed 10,000 copies of a new pharmacy guide to the digestive system to help pharmacy assistants to advise customers on constipation.


The company's research shows that 60 per cent of customers say their main reason for buying constipation remedies in a pharmacy rather than their local supermarket is the opportunity to ask a pharmacist

or assistant for advice.

However, the research also revealed that many pharmacy assistants are not confident when helping customers manage their condition. Areas of confusion arise around the mode of action of different remedies and many assistants do not fully question the customer to ensure they are taking the correct remedy for their needs.

For more information:

Reckitt Benckiser Plc
Tel: 01482 582409



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Please visit our new trade price list at www.ssl-ukpricelist.com

PARAMOL SOLUBLE TABLETS PRODUCT INFORMATION: Paramol Soluble Tablets contain Paracetamol 500mg, Dihydrocodeine Tartrate 7.46mg. Indications: For the treatment of mild to moderate pain, including headache, migraine, feverish conditions, period pain, toothache, and other dental pain, back pain, muscular and joint pains, neuralgia, the aches and pains of cold and flu, and as an antipyretic. Dosage and Administration: For oral use. Adults and Children aged 12 years and over: 1 or 2 tablets every four to six hours. Do not exceed 8 tablets in any 24 hour period. Contraindications, Warnings, etc.: Contraindications: Do not take if you have known hypersensitivity to paracetamol, dihydrocodeine or any other ingredients listed, breathing difficulties, or diarrhoea caused by poisoning. Warnings: Not suitable for children under 12 years. Use with caution in patients with kidney, liver or thyroid problems; gall bladder disease or gall stones; inflammatory bowel disease; following GI, prostate or UT surgery; drug abusers / dependents; or those with head injuries, hypotension or shock. May cause vertigo and dizziness. Not recommended for use in pregnancy and lactation. Legal Category: P Packs: Packs of 12 & 24 tablets. Price: 12 = £2.49, 24 = £4.35. PL Number: 11314/0058. Reference: IRI data Jan 05. P.L. Holder: Seton Products Ltd, Tubiton House, Oldham, OL1 3HS. Date of Preparation: January 2005. Further information is available on request from SSL International, Venus, 1 Old Park Lane, Manchester, M3 7HA.

GlucOsamine in first TV campaign



Health Perception's High Strength GlucOsamine supplement is making its debut on TV this month.

'The Moving Body' advertising campaign is on air for four weeks in ITV's southern region.

The commercial shows a series of dissolving slow-motion images of a female naked body. The camera travels across the body's key joints – neck, shoulders, back, hips, knees and ankles.

The TV campaign will be reinforced with advertising in the national press advertising and on Pharmasite window panels in the southern region.

For more information:

Health Perception Ltd
Tel: 01252 861454

Miss Sporty makes it all clear for eyes

Coty is launching a clear mascara for lashes and eyebrows in its Miss Sporty range.

Just Clear Mascara is a transparent, lightweight gel designed to condition, nourish and strengthen lashes and tame eyebrows.

The moisture-rich gel is formulated to give lashes natural style and shine without clumping or clogging. The mascara is presented in a clear pack with metallic blue graphics.

The product is ophthalmologically tested.

Price: £2.49

Pack size: 8ml

Pip code: 313-1091

Coty (UK) Ltd

Tel: 020 8971 1300

Inbrief

Propain change

Ceuta Healthcare has taken over the distribution for Propain and Propain Plus which were previously marketed by Sankyo Pharma.

For more information:

Ceuta Healthcare Ltd
Tel: 01202 780558

70 years on

To help celebrate its 70th birthday, Seven Seas Cod Liver Oil is joining forces with Saga magazine. All new subscribers to the magazine will receive a free pack of Seven Seas JointCare Projoint Formula.

For more information:

Seven Seas Healthcare Ltd
Tel: 01482 375234

MTV sponsorship

Gillette is sponsoring MTV's *DumbAss* programmes until the end of December to support its Right Guard Xtreme deodorant and body spray. The extreme lifestyle genre of the programmes matches the brand's 'untamed' positioning. The branded credits feature the message 'Nothing's worth sweating over'.

For more information:

Gillette (UK) Ltd
Tel: 020 8560 1234

Fruit lubricant

Sylk natural personal lubricant is formulated to alleviate atrophic vaginitis (vaginal dryness) by simulating natural secretion (not 'stimulating' as published in *C&D* last week, page 25).

Further information:

Sylk Ltd
Tel: 0870 950 6004

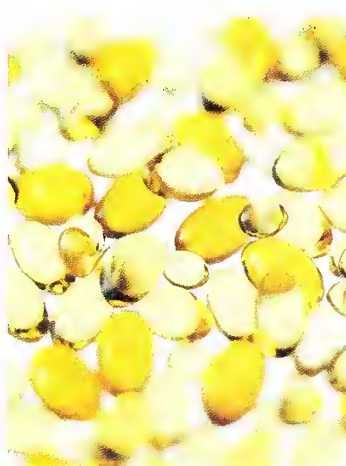
Market shows confidence boost in vitamin sales

The market for vitamins, minerals and supplements showed strong growth in 2003 and 2004 following a decline in market value in 2001 and a static situation in 2002.

A new Key Note market assessment reports that the respective 6.2 per cent and 11.5 per cent growth of 2003 and 2004 reflected renewed confidence, after the doubts caused in the late 1990s and early 2000s by articles questioning the value of taking VMS products.

The report predicts that there will be a gradual 'catching up' process in the market in terms of value.

Much of the growth in the market in recent years has been accounted for by multivitamins. The largest penetration for VMS



products was in cod liver oils and the fish oils sector staged a strong sales recovery in 2004.

As with many VMS products,

penetration of fish oils grows as age rises and is much higher among women than men for cod liver oil capsules.

Sales of glucosamine products and plant oils also grew strongly in 2004. However, the markets for single vitamins, mineral products and garlic was static or declined.

Seven Seas remains the largest manufacturer of VMS products in the branded sector in terms of value, although it has been overtaken by Holland & Barrett in terms of total market share (including both branded and own-label products). It is also strongly contested by Boots' own brand.

For more information:

Key Note Vitamins and Supplements
Assessment, April 2005
Tel: 020 8481 8717



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Chart toppers

The top 10 pharmaceutical products had mixed fortunes in 2004, says IMS Health in its World Review 2005. Jane Ellis reports

Pfizer's Lipitor sold twice as much as its nearest rival, GlaxoSmithKline's Zocor, continuing its solid growth of 14 per cent from 2003 to reach annual sales of \$12 billion. Given that patents are due to expire and there are safety concerns over rival statins, IMS says Lipitor's position appears unassailable, at least in the short term.

Nevertheless, the fastest growing product in 2004 was Zetia, the cholesterol absorption inhibitor from Schering-Plough and Merck & Co.

Most impressive was Sanofi-Aventis' and Bristol-Myers Squibb's Plavix. This platelet anti-aggregant climbed from eighth to third position, with sales of \$5bn driven by promising trial results.

The only new company to enter the top 10 was Wyeth's SNRI antidepressant, Effexor, which replaced rival Zoloft from Pfizer in 10th place and recorded sales of \$3.7bn.

While the contribution of the combined top 10 pharmaceutical companies to global sales growth declined slightly, smaller specialist and biotech firms such as Sanofi-Aventis and Roche had above average growth in all the major geographical markets during 2004.

Drug safety has become an issue following the withdrawal of Vioxx last September, controversy over the safety of SSRI antidepressants and the suspension of multiple sclerosis therapy Tysabri in February this year.

With the FDA setting the bar higher for approval, IMS expects development times to lengthen and forecasts that this, combined with price cuts or restraints and the encouragement of generic prescribing, will flatten growth in many major markets.

However, an ageing population, the introduction of the Medicare prescription drug benefit in the US in 2006, innovations in biotechnology and further growth in China, which increased sales in

2004 by 28 per cent year-on-year to \$9.5bn, will offset this.

According to IMS, China's strong contribution of \$9.5bn to global pharmaceutical sales of \$550bn in 2004 was relatively small compared with \$248bn (nearly 45 per cent of the market) for North America.

North America, Europe and Japan accounted for 88 per cent of audited worldwide pharmaceutical sales in 2004, the same as in 2003.

Sales in the EU rose 6 per cent to \$144bn, while the rest of Europe saw growth of 12 per cent to \$9bn.

Growth in many established markets is slowing as government cost constraints increase the use of more unbranded medicines. In 2004, generics accounted for more than 30 per cent of volume consumption in the US, Germany, Canada and the UK, and 17 per cent in the top 12 European markets. But generics still accounted for only 8 per cent of drug sales by value in North America and Western Europe.

At the same time, 82 drugs qualified as blockbusters (sales of more than \$1bn annually), 17 more than the previous year. Increasingly these drugs target specialist markets and are fuelled by a surge in new products derived from biotechnology.

Looking to the future, IMS expects cancer drugs to challenge long-standing leaders Diovan and Atacand. Combined, the L1 (antineoplastics) and L2 (cytostatic hormone antagonists) groups registered 17 per cent growth last year. An increasing number of newer, targeted cancer therapies, such as Eloxatin, Glivec, Rituxan and Avastin, have also seen impressive sales.

Oncology projects accounted for almost 30 per cent of R&D projects as of February 2005, and IMS believes the cancer market will be worth more than \$40bn by 2008.

For more information:
www.imshealth.com

Shouldn't our GlucOsamine be your first choice?



Look out for Health Perception's High Strength GlucOsamine in a brand new TV advertising campaign on screen throughout April!

Only one company, Health Perception offers the widest range of glucosamine products. So whichever your customers choose, tablets, gels, patches or liquid, there's one just right for them. And with the added assurance of strength and quality, no wonder we're the UK's best selling glucosamine brand.

For more information about Health Perception's GlucOsamine range call 01252 861454 or visit www.health-perception.co.uk

Quality products from a company you can trust

Take your **own** advice

Pharmacists at the recent Avicenna conference were urged to look after their own health as well as their patients, reports **Asha Fowells**

Pharmacy under the new contract is going to be a case of survival of the fittest, Hemant Patel told Avicenna delegates.

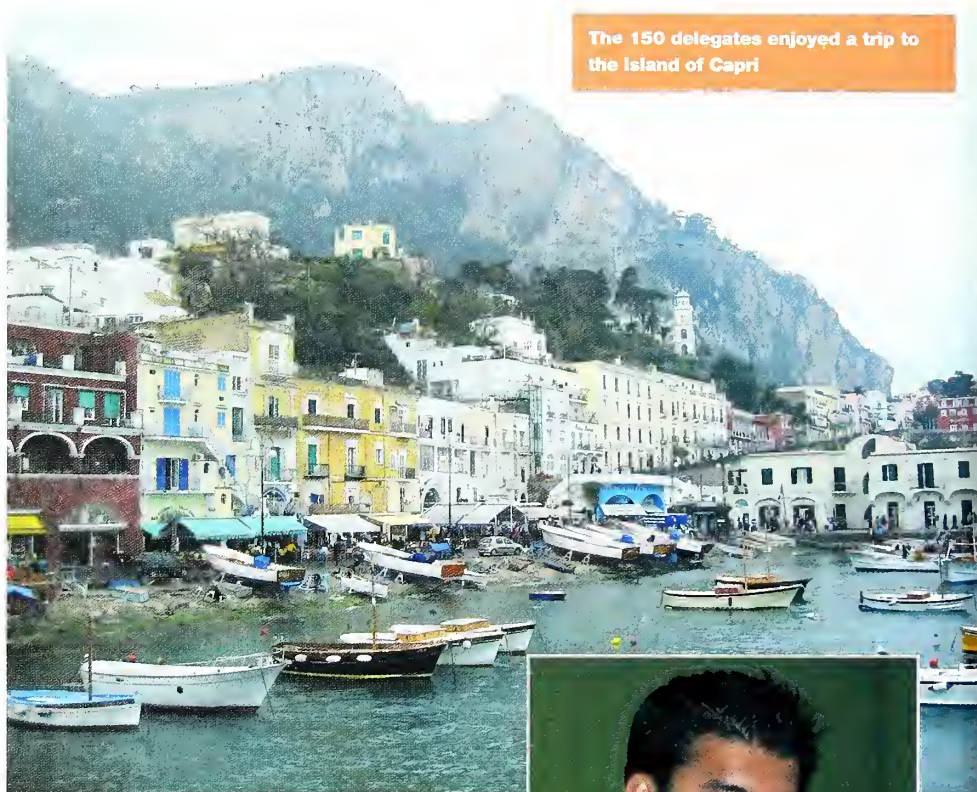
Highlighting that over half those responding to a recent snapshot survey conducted by the buying group said they did not get their health checked regularly (*C&D*, March 26, p6), Mr Patel said pharmacists were not looking after themselves. "Neglecting your health will have a negative impact on your business," Avicenna's professional development adviser warned.

Other issues that independent pharmacists need to address to cope with the changes currently affecting the profession include CPD, human resources, the new GMS contract and *Drug Tariff*, and how they envisaged their business would look in the future. Mr Patel recommended tackling change in three phases:

- preparation – by writing a strategy that included staff
- change management – paying attention to detail and including timescales
- reinforcing change – by collecting and analysing feedback, diagnosing and filling gaps, and celebrating success.

Concluding, Mr Patel said: "My blunt message is to step up or get out because the heat is going to be on." Pharmacists who failed to manage their health, business and skills would find themselves in a cycle of stress, business failure and financial difficulty, he explained.

● Avicenna chairman Salim Jetha announced that all members would be offered total body health checks. This would enable pharmacists to identify any health issues and help them interpret test results, which would benefit patients, he said. Initially a one-off service, the cost to members will vary according to the level of healthcheck chosen. To further promote health, Mr Jetha added that Avicenna was currently negotiating with a national health club chain for a discounted rate for members.



The 150 delegates enjoyed a trip to the island of Capri

Mobility aids could replace lost profits

Money lost on prescriptions under the new *Drug Tariff* could be easily replaced by selling mobility aids, said Sigma Pharmaceuticals' managing director Bharat Shah.

The mobility aids market is worth many millions of pounds, but is mainly controlled by specialised outlets and mail-order companies.

The accessibility of pharmacies coupled with growing demand due to an ageing population makes it an ideal



Sigmobility director Hatul Shah

professional service for pharmacists to provide, said Mr Shah.

Sigmobility director Hatul Shah explained that he had grown the mobility aids side of his pharmacy from a weekly turnover of £100 to over £2,000. In addition, business had experienced increased customer numbers and improved rapport with other health professionals, and he felt entering the mobility aids market had given him an "edge" over his competitors.

Another potential area for growth is diagnostics, said UniChem sales director Jeremy Main. Factors driving the market include the ageing population, patients starting to take responsibility for their health, the promotion of self-care and greater availability of diagnostic products.

Speakers David Coles (UniChem), John Chisholm (BMA), Salim Jetha (Avicenna) and Hemant Patel (RPSGB) answered delegates' questions



Multiples ahead on contract

The multiples are only slightly more prepared for the new contract than independent pharmacies, UniChem's managing director told delegates.

Although the multiples are ahead in terms of planning, premises and briefing staff, independent contractors have other strengths they should draw on, said David Coles.

Independent pharmacies can offer a personal service, can make decisions without having to consult a head office, and have the flexibility to assess and service local needs, he pointed out.

In addition, Mr Coles said many multiples experienced high staff turnover and were sometimes locum-run, whereas staff loyalty was higher in independents. "Staff are your biggest asset ... you need to engage them so they help drive the business by promoting the community aspect," he advised.



UniChem's David Coles

Flotation still an option

Avicenna's goal remains stock market flotation, said non-executive director David Gratton.

The factors that make the buying group "fit for flotation" include a management team that is flexible towards change, a long history of increasing sales and profits and strong financial control. In addition, to take full advantage of merger and acquisition opportunities, more money may be needed which may be more easily raised via flotation than from members, said Mr Gratton.

The buying group is looking to diversify and pursue other income streams, explained Avicenna chairman Salim Jetha. Options being considered include purchasing pharmacy-only brands or small pharmaceutical companies, and increasing export volumes. The group is also looking to increase its membership from 400 to 500, and improve member compliance by 20 per cent.

Avicenna has recently entered an agreement with the German nappy brand Moltexoko to sell its products

exclusively through members' outlets. Routes the group will not be taking include bidding for toiletries' ranges and establishing an Avicenna brand for pharmacies or products, said Mr Jetha. ☺



Avicenna's Salim Jetha

Efficient generics buying a must

Pharmacists need to consider whether their drug suppliers and ordering systems are efficient, advised Almus marketing manager Sarah Cox.

Outlining the recent changes to the UK generics market, Ms Cox asked Avicenna delegates if their current processes were "fit for the future". The £300 million the Government is taking out of generics, GSK's new pricing policy, and the likely future inclusion of branded generics in the *Drug Tariff* had resulted in pharmacists shifting their buying from shortline to full-line wholesalers as the price difference between the two was "pennies, not pounds", she said.

The increase in pharmacists' workloads had left them with less time to spend on "chasing prices", Ms Cox said. This was supported by

figures showing that the average number of generics suppliers used had fallen from four to two. Furthermore, Almus had evidence that pharmacists were willing to pay a small premium to full-liners in return for a "complete solution", better service and the reduced "hassle" of dealing with several suppliers.

Other factors would influence generics buying in the future, including sales representatives who understood their products and the market, and product packaging. Not only did clear, high quality and consistent packaging enhance patient confidence and compliance, it contributed towards reducing dispensing errors, managing dispensary space efficiently and promoting the profession's image, Ms Cox said.

It is not an option, it is a necessity

Delegates should consider skill mix

The development of pharmacy staff must be considered now for contractors to benefit in the future, said RPSGB Council member Shiv Bagga. Under the new contract, pharmacies must fulfil minimum staffing requirements according to dispensing volume, or risk financial penalties and added stress.

"Start thinking about your workforce now. It is not an option, it is a necessity," urged Mr Bagga.

But he added that upskilling staff would give pharmacists the opportunity to leave dispensing to technicians and develop more clinical roles as long as pharmacist training was not overlooked. Contractors and employees needed to develop their clinical and communication skills, and seek competence to provide services via accreditation.



The AD 9 eruption in Pompeii caused the death of 2,000 people. The ruins of the city are now a UNESCO World Heritage Site and a popular tourist attraction.

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Bone density peaks in the mid-thirties and bone mass is lost slowly after that point. Women's bone mass decreases rapidly after the menopause when oestrogen levels drop and they lose the bone protecting qualities that the hormone provides, making them more prone to osteoporosis than men. Bone health in later years depends on the development of strong bones during the formative years before this peak.

In a clinical trial, a group of 79 post menopausal women with osteopenia or osteoporosis were supplemented with either **BioCalth** or calcium carbonate with vitamin D for six months. The average bone mass density of those supplemented with **BioCalth** increased by 41.43 (mg/cm²), compared with a 13.03 (mg/cm²) for calcium carbonate.

For more information please contact BioCalth on

0800 085 5359

or go to www.biocalth.co.uk

BioCalth is available in packs of 60 sachets or 90 tablets.

RRP £14.99 for a month's supply.

About seven million people fall ill on holiday every year, yet 50 per cent of travellers are not seeking health advice before they leave. Ignorance causes anything but bliss on holiday, with travellers more concerned about noisy children and a lack of legroom on their flight than the fact that 2,000 of them will return home with malaria. Tourists rate illness as the single most likely thing to spoil their holiday but pharmacists have to work hard to encourage them to go prepared.

Patients need educating about the risks of malaria, sunburn, DVTs and travellers' diarrhoea, to mention but a few of the problems that ruin holidays. Pharmacists have a major role that becomes more important as the new contract encourages public health activities, signposting and enhanced services.

However, this important role in travel health has yet to be fully developed, believes Miriam Armstrong, chief executive of PharmacyHealthLink. "There's definitely a role for pharmacists," she says. But Ms Armstrong believes there should be more co-ordination with local health protection agencies so that pharmacists' advice is more closely connected with theirs.

All pharmacists have a role in key basic messages such as malaria prophylaxis and vaccination requirements, and it is difficult at this stage to see how the new contract will

affect this role. Travel health has traditionally been a small part of pharmacists' work, but it is an under-developed role, and this is partly due to a lack of supporting evidence. "It's a very important role but one can't back that up with an evidence base," says Ms Armstrong.

Travel health is part of a larger health protection role. While there is plenty of evidence to support the other two areas of public health – health improvement and clinical governance – there is not nearly as much for health protection. Work needs to be done in this area to discover, for example, what the average pharmacist does and what services specialised pharmacists are offering.

Under the new contract, travel health could be either an enhanced role or a key role for all pharmacists as part of an essential service. "It sits well with the sign-posting role but they've got more to give than that. There's a lot of advice and support they can give without a doubt.

"Potentially, this is important both in terms of the new contract and as part of pharmacists' overall health promotion role," says Ms Armstrong. One of the key areas of health promotion is surveillance of the population, for which pharmacists are well placed. For example, they know whether patients have diarrhoea after returning from holiday.



Pharmacists have an important role in travel health, and they have now worked hard to persuade holidaymakers to go properly prepared. **Steve Bremer** reports

Traveller's checks

The malaria menace

Forty million Britons will travel abroad this year, and seven million of those will travel to malaria risk areas. A quarter of those visiting a high-risk malaria area are unaware of the problem – subsequently about 2,000 UK citizens return from their holiday with malaria each year.

Pharmacists have much work to do in educating patients about travel health risks. GlaxoSmithKline's Malaria Report reveals that a large proportion stay in the 'five star bubble', creating a misguided sense of priorities. When approaching their holidays, people worry about:

- flight delays (13 per cent)
- food poisoning (11 per cent)
- missing luggage (7 per cent)
- the threat of malaria (only 7 per cent).

One in three people who have recently travelled to a high-risk malarial country did not take antimalarials and one in five did not even pack mosquito repellent or a mosquito net, choosing to take no precautions whatsoever. Two fifths of people who did not take antimalarials were unaware it was necessary, while 13 per cent thought other things such as mosquito repellent would protect them. And alarmingly, 9 per cent thought they were safe because they were staying in a 'nice' hotel.

The incidence of the most lethal form of *Plasmodium falciparum* malaria in British travellers had risen to 78 per cent in 2003, up from 75.5 per cent in 2002, according to data from the HPA. The number of malaria deaths increased by 78 per cent, with 16 deaths in 2003 compared to nine deaths in the previous year. More data from the HPA is expected later this year.

Malaria Awareness Week, sponsored by GSK Travel Health, is from May 16-22, and will be marked with an exhibition at the Natural History Museum called 'Just one bite' (May 15-18). An invite, essential to enter the exhibition, can be downloaded from www.malariahotspots.co.uk

Sock it to DVTs

Men's biggest complaint about travelling is noisy children, according to a survey for Scholl Flight Socks. Over three quarters of women claimed poor food was their main gripe. Other annoyances for travellers included lack of legroom (for 23 per cent of women) and annoying fellow passengers (23 per cent of men).

Three out of four men are still unaware of the fact that they could develop a DVT on a long-haul flight. Alarmingly, 41 per cent also claim that their favourite pastime when flying for four hours or more is sipping alcoholic drinks and sitting still while watching in-flight movies. These are both activities that can increase the risk of a clot.

Female awareness of the risks, however, greatly exceeds men's, with 77 per cent recognising the risks. Over three quarters of women claimed they wear flight socks, drink plenty of water and carry out leg exercises while flying.

SSL's tips for preventing DVTs on long-haul flights include:

- wear a pair of Flight Socks when travelling
- carry out leg and feet exercises when seated, and move about as much as possible

● drink plenty of water to keep hydrated, and try to avoid caffeine and alcohol

● make sure your legs stay as straight as possible and avoid your calves making prolonged contact with your plane seat.

High risk factors for DVTs include:

- previous history of venous thromboembolism and pulmonary embolism
- aged over 40
- pregnancy
- use of oral contraceptives or HRT
- obesity
- varicose veins
- recent surgery or injury, especially to lower limbs or abdomen
- cancer
- genetic blood clotting abnormalities.

Flight socks help prevent flight related DVT as well as other problems that can occur on long flights and journeys, such as swollen ankles and tired, aching legs. The recently re-packaged socks now come in a resealable pouch, making them easier to store between journeys. New packs carry endorsements from both the Association of British Travel Agents and the Aviation Health Institute.

SSL International tel: 0870 122 2690

Continued on page 36 ►

Travel product news

Smoothing the way to a great holiday

Patients who suffer from travel sickness may draw some comfort from the fact that they are in good company. Famous people who have suffered include Lord Nelson, Lawrence of Arabia (when riding a camel) and Claire Francis.

Travel sickness can get holidays off to a bad start, spoiling the journey for the whole family. Children are particularly prone to motion sickness, and those with repeated experiences of sickness will anticipate becoming ill, making journeys worse still.

Stugeron 15 offers some tips to improve the travel experience:

- keep children entertained when travelling by car by playing games that involve singing along to music or looking ahead, eg 'I-spy' or '20 questions'
- when travelling by boat stay on deck and avoid the smell of fuels, fumes and the galley
- in-car entertainment systems like DVD players or computer games can trigger motion sickness, so use a travel sickness medicine before setting off
- open a window or turn up

the ventilation system to maintain a continuous supply of fresh air

- when flying, sit over the wings as this is generally the most stable part of the aircraft.

Clinical trials have shown that 96 per cent of children benefited from taking Stugeron, with 86 per cent remaining

alert or only slightly drowsy. And 88 per cent of yachtsmen rated Stugeron as better than other treatments, with 94 per cent saying they would use it again.

McNeil Ltd,
tel: 01494 450778



Imodium news

Imodium is a leading brand in driving growth of the antidiarrhoeal category, according to McNeil.

The brand had a 57 per cent share of the market, showing growth of 14 per cent, in February. GSL continues to be the driver behind this growth, with a 36 per cent year on year increase. The sub-brands Imodium Instants and Imodium Plus Caplets are also growing at 21 per cent and 93 per cent respectively.

GSL sales are driving the antidiarrhoeal category, with IRI figures showing growth of 26 per cent compared to 7.6 per cent for the category as a whole. Sales of pharmacy-only packs continue to decline, however, as consumers move out of the larger pack sizes into the GSL offerings.

Last year's Imodium Plus Caplets TV campaign will continue until July, when support will switch to Imodium Instants with a campaign during July and August. Total media spend over the whole period is £3.5 million.

McNeil Ltd,
tel: 01494 450778

Dealing with tummy troubles

Nearly half of people surveyed for Imodium rank being unwell as the single most likely problem to spoil a holiday, with poor location (23 per cent) and bad weather (10 per cent) coming second and third. Despite this, only 40 per cent of travellers pack an antidiarrhoeal.

Of the estimated seven million people who fall ill on holiday each year, 90 per cent of illnesses are stomach related. In fact, a third of all holidaymakers have had their holidays spoilt by illness but people still do not pack for the most common illness.

Travel health expert Dr Mike Townsend comments: "It is not surprising how many people acknowledge that health is an important factor for a successful holiday. What is surprising, however, is the fact that people are not preparing properly." A common ailment such as diarrhoea can result in someone being confined to their room for up to 15 per cent of their holiday. "Packing the right medication, in this instance an antidiarrhoeal, will allow them to treat their symptoms effectively, and could save them from a spoilt holiday," says Dr Townsend.

Silence snorers with a travel pack

A survey by the British Snoring and Sleep Apnoea Association found that 58 per cent of people have had their holiday adversely affected by snoring. This suggests that relief is needed for the 59 million Britons who take holidays every year.

Emotions run high when on holiday, with 74 per cent of partners feeling anger or hate towards their snoring partner. However, it is not only the partner who suffers on holiday, with 23 per cent of snorers admitting to sleeping on the balcony and 20 per cent sleeping

in the bath. Snoring is such a problem that 41 per cent of couples and families have booked separate rooms to avoid the problem.

To address this problem, the British Snoring and Sleep Apnoea Association has developed a travel pack for snorers. The Snore Calm Travel Pack contains four 'smiley' shaped Chin-Up strips, four nasal strips and a pair of must-have earplugs.

The British Snoring and Sleep Apnoea Association,
tel: 0800 085 1097



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Avomine back on the road

Avomine is due to return to the market this summer. It has been unavailable due to difficulty sourcing the active ingredient, promethazine teoclate.

Manx Healthcare, Avomine's UK distributor, has now sourced an alternative manufacturer and tablets are already being produced.

Final regulatory approval has still to be obtained from the MHRA but Manx expects to relaunch the product in May or June. Avomine will be produced in the same packaging as before and supported with a major trade and consumer campaign.

Manx Healthcare,
tel 01926 482511

A couple more for Ben's

Arden Healthcare has launched two additions to its Ben's DEET-based range of insect repellents.

Ben's Natural 100ml Pump Spray is an alternative to DEET for repelling biting insects that provides protection for up to six hours.

Its natural formula, derived from lemon eucalyptus, is ideal for children over 12 months old.

The active ingredient in Ben's Natural is rated by the London

School of Hygiene and Tropical Medicine as 'probably the most effective natural alternative to chemical repellents.'

Ben's 30 is now available as a 100ml pump spray and replaces the 59ml lotion. Ben's 30 contains 30 per cent DEET in a water base, with lemongrass oil, which reduces both evaporation and absorption.

Arden Healthcare Ltd,
tel: 0800 1957 400

Online measuring guide

Activa – which includes DVT Air Socks in its compression hosiery range – has launched a free online measuring guide to help simplify calculating a patient's hosiery size.

Activa recommends that pharmacists measure customers and discourage self-selection by shoe size. "The measuring guide – which can be downloaded – means that pharmacists can calculate sizes at the click of a button," says the company. "All you have to do is follow the easy onscreen prompts, enter the patient's leg measurements for both legs, and the measuring guide will immediately calculate the size required."

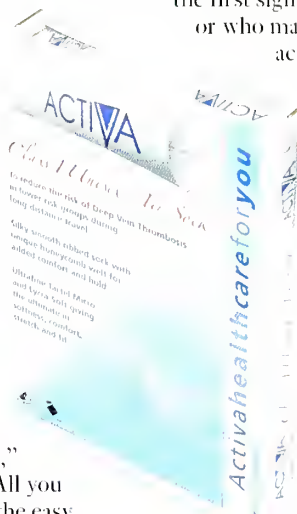
"Summer is a great opportunity for pharmacists, not just to

recommend DVT hosiery to travellers, but also compression hosiery as everyday wear to customers who may have spotted the first signs of venous disease, or who may simply suffer from aching legs at the end of the day."

Rob Holder, Activa's marketing director, adds: "Although most people are aware of the dangers of DVT when travelling, the general public does not know how to spot the first signs of venous disease, the treatment of which costs the NHS £400 million a year in leg ulcer treatments alone."

The online measuring guide can be downloaded from www.activahealthcare.co.uk.

Activa Healthcare,
tel: 0845 060 6707



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Ovex™ What to do about threadworm.

Further information is available from Janssen-Cilag Ltd., Saunderton, High Wycombe, Buckinghamshire HP14 4HJ. Ovex Suspension contains mebendazole 100mg/5ml. Ovex suspension is indicated for the treatment of *Enterobius vermicularis* (threadworm). **Legal status:** P. **References:** 1. Fierlafijn, E et al., *Tropical and Geographical Medicine*, Mebendazole in Enteriobiasis, 1973. 25, 242–244. 2. MAT IRI Sept 2004

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Contact Debra Thackeray, Chemist & Druggist (Classified), CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: <http://www.dotpharmacy.com>



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E-mail: janiepilkington@burrowsandclose.co.uk



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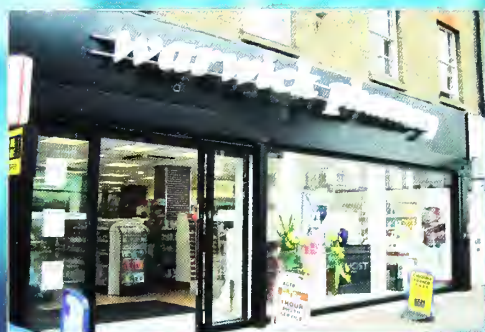
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Back I SU S

Charity **bash** raises **£8,000**

Naresh Maini receives a cheque from **Peter Sainsbury** from Phoenix in aid of the local hospice



Naresh Maini from Wilkinson Pharmacy in Barnet, North London, deserves praise on two counts. Not only did he single-handedly organise a charity night after 20 years' arranging such events with support from others, but he raised £8,000 for his local hospice in the process.

Naresh decided to hold a rock and roll evening at the Hadley Memorial Hall in Enfield, booking a swing band to entertain the 120 people who attended. Although a substantial amount of money was raised through ticket sales, a raffle, tombola and auction held during the evening boosted the pot. Donations from AAH, Phoenix, Sigma, Colorama and Nucare, and a pound-for-pound contribution

from the bank, Abbey, added to the total.

Part of Naresh's motivation stemmed from the death from cancer of his friend Jeff Jacobs, owner of a pharmacy in Robertsbridge. Jeff's family lent their support, as did Naresh's staff who promoted the event to customers.

Previous events, sometimes organised through the Society's Barnet branch, had raised around £2,000-£3,000, so Naresh was amazed when the final total was totted up. He commented: "Although initially I wondered how everything would work out, the support we received, not only from my customers, went beyond my wildest dreams."

You shall go to the ball

Long-term pharmacy supporter Joyce Kearney has issued details of her annual fundraising ball.

This year's event (the 10th) will take place at the Cedar Court Hotel in Huddersfield on June 4. A champagne reception at 7pm will be followed by dinner, live bands and a disco. All proceeds

will go to children's charities, principally the Forget Me Not Trust which aims to build a paediatric hospice.

Tickets are £65, and limited hotel accommodation is available. Contact Joyce and David Kearney on 01422 825152 or 07778 509377, or e-mail joyceek@tiscali.co.uk.



Janet Cookson from **P Williams (Chemist) Ltd** in **Mobberley, near Knutsford**, is the lucky winner of **February's Pharmacy Travel prize draw**. She will be off to **Lake Geneva** for a three-day break including flights and half board accommodation. Pharmacy Travel holiday and travel insurance deals appear each month in **C&D** and **Community Pharmacy**, and give excellent value. March's offer could see you on a seven night all-inclusive cruise from just **£399**, with savings of up to 65 per cent on April departures

Sarah-Jane Brown, manager of **Co-op Pharmacy** in **Chaddlewood** district shopping centre, **Plymouth**, was one of 10 brave **Co-op** employees to

abseil down the city's 200ft civic centre to raise more than £1,000 for the **Royal National Institute for the Blind** recently. **Sarah-Jane**, who has abseiled before – but not off anything that high – said it went well, but added that it was very windy. "We kept swinging around. Although it only took about five minutes to get down, it felt like forever." The other **Co-op** abseilers, all of whom work in branches in and around the city, were **Lesley Saunders, Leah Browning, Samantha Johnson, Felicity George, Simon Gardner, Clare Rodd, Jim Hutchins, Mark Richards** and **Sarah Palmer**



Ap o n m n t

National Pharmaceutical Association chief executive **John D'Arcy** has been named chairman of the Trade Association Forum. Mr D'Arcy has served as a member of TAF's steering group for six years, most recently as vice-chairman.

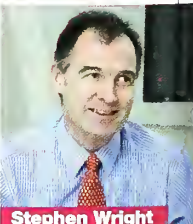
Alliance UniChem chief executive **Ian Meakins** is now directly responsible for the group's major wholesaling businesses. Mr Meakins has taken on the added role following the resignation of wholesale director **Per Utnegaard**.

Stephen Wright has joined **GW Pharmaceuticals'** board of directors. Previously with pharmaceutical company **Ipsen**, Dr Wright joined **GW** in January 2004 as research and development director and will retain this title in addition to taking on board responsibilities.

The drug development company **Vectura** has announced the appointment of **Tim Wright** to the position of commercial director. Dr Wright has moved from technology licensing firm **BTG**, where he was oncology business development and licensing vice-president.



Ian Meakins



Stephen Wright

WIN a great fly-drive holiday in Majorca



The winners of this month's Pharmacy Travel prize will be able to discover the unspoilt parts of this beautiful Mediterranean island

Although Majorca has been a firmly established favourite beach holiday destination for over 30 years, away from the well-known tourist resorts it is a beautifully unspoilt island with traditional towns and villages waiting to be discovered.

Less than an hour's drive from the airport you will find the medieval town of Pollenca with its quaint narrow streets and nearby Puerto De Pollenca where you can stroll along the famous Pinewalk and admire the yachting marina. Nearby is Formentor, and in this beautiful corner of the island with its mountain peaks the scenery is more reminiscent of Austria than Spain. The picturesque 'artist

village' of Deya and the beautiful town of Valldemossa, with its imposing monastery, are also well worth a visit. And the city of Palma itself should not be overlooked. Dominated by its grand Gothic Cathedral it is here that you can explore the delightful 'old town' and stroll around the famous Paseo Maritimo.

The prize is a Majorca fly-drive holiday for a couple. It includes

return flights from Gatwick, Luton, Manchester or Birmingham to Palma and Holiday Autos car rental for 7 days (Group A car) inclusive of unlimited mileage, tax and full insurance. 4-star hotel accommodation in Palma for the first night is also included (shared twin/double room). The holiday can be taken any time between 1 June and 30 November 2005 (subject to availability).

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A

Full name

Full pharmacy name and address

Post Code

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Rules 1 This competition is open to any pharmacist or permanent member of staff who works at an address which receives either C&D or Community Pharmacy. Competitors may enter through C&D or Community Pharmacy, but may only submit one entry. Double entry will disqualify both entries. **3** Entries must be on an original coupon from C&D or Community Pharmacy, and to be eligible for the prize entrants must correctly answer the question on the coupon. **4** The prize offered will be as stated. No alternative holidays or cash prizes will be offered. **5** Names of winners will be published in C&D and Community Pharmacy. **6** In any dispute, the decision of CMP Information Pharmacy Group's publishing director will be final and no correspondence will be entered into. **7** Employees of CMP Information Ltd, Travel Clubs International and trading divisions and their immediate families are forbidden to enter. **8** No purchase is necessary to participate. **9** The closing date for this month's competition is as printed on the entry coupon.

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